No. 0520 Peceived 0/1/4/19 Application #_

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of	Structure: Bonnie Hodges Phone: 910-892-5336
	iling Address:
• • •	
Land Owner	lame (s):Phone:
	or Site Address: 14010 Meighbors Kind, Dunn NC 28334
PIN#	Parcel #
	150.00 MANN Description of Work to be done Remove and replace HUAC.
77	
Mechanical:	New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
Electrical*:	200 Amp <200 Amp Service Change Service Reconnect V Other * For Progress Energy customers we need the premise number
Plumbing;	Water/Sewer Tap Number of Baths Water Heater
Specific Dire	tions to Job from Lillington:
	
Subdivision:	Lot#:
	$\frac{1}{2}$
1 Jommy	will provide thelabor on this structure.
	ANIANIE)
	ng owner or my NC state license number is, which entities me to
	work on the above structure legally. All work shall comply with the State Building Code and a
other applica	ie State and local laws, ordinances and regulations.
Polnik	Flechrical Contractors 910 893 5774
Contractor's	company Name / / / Telephone
1309 1	! Main Street . Lilling fon All. IBA
Address	Email Address
License #	
Structure Ow	ner / Contractor Signature: ////////////////////////////////////
purchase per	s application you affirm that you have obtained permission from the above listed (cense holde nits on their behalf. If doing the work as owner you understand that you cannot rent, lease or serty for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license

•	Application #

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Certification of Work Performed By Owner/Contractor

(Individual Trade Application) Phone: 910-892-5336 Owner (s) of Structure: Owner (s) Mailing Address: Land Owner Name (s): Phone: Construction or Site Address: PIN#_ *00.00*_Description of Work to be done__ Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork V Gas Piping ___ Other_ Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___ * For Progress Energy customers we need the premise number Plumbing: Water/Sewer Tap ____ Number of Baths Water Heater Specific Directions to Job from Lillington: Subdivision: Lot#: hnsen will provide the labor on this structure. I am the building owner or my NC state license number is 17/64 ___, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. License # Structure Owner / Contractor Signature:

By signing this application you affirm that you have obtained permission from the above listed ficense holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license