

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: Kathy and Charles Allison Phone: 785-226-3390

Owner (s) Mailing Address: 865 Whispering Pines
Springlake N.C. 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: Same

PIN # _____ Parcel # _____

Job Cost: 2,005.16 Description of Work to be done Running GAS line For GAS
water heater

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ 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 #: _____

I Blossman Gas will provide the GAS piping labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23410, 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.

Blossman Gas
Contractor's Company Name
2221 S. Harnett Blvd.
Address
23410
License #

919-935-9149
Telephone
Sanford@BlossmanGas.com
Email Address

Structure Owner / Contractor Signature: Frank M. Little Date: 6-18-19

By signing this application you affirm that you have obtained permission from the above listed license 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