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

Owner (s) of Structure: Sam Blanchard Phone: 910 9403148
Owner (s) Mailing Address: 541 marsh lands St Lillington
Land Owner Name (s): Phone:
Construction or Site Address:
PIN # Parcel #
Job Cost: \$7000 Description of Work to be done Change Out Concluser (coil (inside) Furnage (inside)
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 #:
Kent JOhn Solwill provide the labor on this structure.
Kent JON Will provide the Local labor on this structure. (Contractors Name) (Trade) Jam the building owner or my NC state license number is \\ \tag{7} \Q \Q \\ \tag{9}, which entitles me to
Kent Tono Will provide the Labor on this structure. (Contractors Name) (Trade) I am the building owner or my NC state license number is, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all
Kent JON Will provide the Local labor on this structure. (Contractors Name) (Trade) Jam the building owner or my NC state license number is \\ \tag{7} \Q \Q \\ \tag{9}, which entitles me to
Kent Tonics Will provide the labor on this structure. (Contractors Name) (Trade) am the building owner or my NC state license number is 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. T 3 W 9108975501
I Went TON Will provide the
I Kent JON Will provide the Labor on this structure. (Contractors Name) I am the building owner or my NC state license number is
I Went TON Will provide the

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

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Owner (s) of Structure: 50m Blanchard Phone: 910 8 90 31 48
Owner (s) Mailing Address: 541 marsh wants st Lillington
Land Owner Name (s):Phone:
Construction or Site Address:
PIN # Parcel #
Job Cost: \$7000 Description of Work to be done Change Out Concluser (coil (inside) / Furnace (inside)
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:
Ús.
1 -4 44
Subdivision:Lot #:
Tommy path will provide the labor on this structure. (Contractors Name) (Trade) I am the building owner or my NC state license number is 4910U, 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.
Contractor's Company Name Q10) 237-1594 Telephone
Address Email Address
License # Structure Owner / Contractor Signature: James Poster Date: 07/75/19
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