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) 600 01:2720

Owner (s) of Structure: KiC	USUNUSPhone:(919) 516-5158
Owner (s) Mailing Address:	400 Montague Rd Angier 27501
Land Owner Name (s):	Phone:
PIN#	Parcel #
2000	ation of Work to be done Change out 55HP
	uctwork New Unit Without Ductwork Gas Piping Other
* For Progress E	00 Amp Service Change Service Reconnect Other nergy customers we need the premise number
Plumbing: Water/Sewer T	ap Number of Baths Water Heater
Specific Directions to Job from	Lillington:
Subdivision:	Lot #-
(Contractors Name)	Will provide the labor on this structure.
I am the building owner or my N	NC state license number is 17104, which entitles me to
perform such work on the abov	e structure legally. All work shall comply with the State Building Code and all
other applicable State and local	I laws, ordinances and regulations.
Contractor's Company Name 724 TUNIO Address	Giran Rd Dum Email Address
License # Structure Owner / Contractor S	Signature: Date: 07 25 19
nurchase nermits on their beha	affirm that you have obtained permission from the above listed license holder to alf. If doing the work as owner you understand that you cannot rent, lease or sell as after completion of the listed work.

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

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Owner (s) of Structure: KICKU SWYLLS Phone: 919) 516-3738
Owner (s) Mailing Address: 400 Montque Rd Anglet 27501
Land Owner Name (s):Phone:
Construction or Site Address:
PIN # Parcel #
Job Cost: \$1000 Description of Work to be done Change out 55HP
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 am the building owner or my NC state license number is
other applicable State and local laws, ordinances and regulations.
Contractor's Company Name 1309 N. MUNST Address 491000 License # Structure Owner / Contractor Signature: By signing this application you affirm that you have obtained permission from the above listed license holder to be signature. By signing this application you affirm that you have obtained permission from the above listed license holder to be signature.
By signing this application you amm that you have obtained parties on their behalf. If doing the work as owner you understand that you cannot rent, lease or set the listed property for 12 months after completion of the listed work.

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