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)

	CRUSTAL HOLCLEY Phone: 9197561547
Owner (s) Mailing Address:	7846 Temple Rd Bunnulle
Land Owner Name (s):	Phone:
	S'
PIN #	Parcel #
Job Cost: 100000 Des	ton package
Mechanical: New Unit Wit	h Ductwork New Unit Without Ductwork Gas Piping Other
Electrical*: 200 Amp * For Progres	<200 Amp Service Change Service Reconnect Other service Reconnect Other
Plumbing: Water/Sewi	er Tap Number of Baths Water Heater
Specific Directions to Job fro	om Lillington:
Subdivision:	Lot #:
I am the building owner or n perform such work on the a	In provide the labor on this structure. (Trade) In the structure labor on this structure. (Trade) In the structure labor on this structure. (Trade) Which entitles me to bove structure legally. All work shall comply with the State Building Code and all labor on this structure.
Contractor's Company Nam 174 TVN Address License # Structure Owner / Contractor	or Signature:
nurchase permits on their b	ou affirm that you have obtained permission from the above listed license holder to ehalf. If doing the work as owner you understand that you cannot rent, lease or sell onths after completion of the listed work.

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

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Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure:	CRUSTAL HOLCLEY Phone: 9197561547
	1846 Temple Rd Bunnicull
Land Owner Name (s):	Phone:
Construction or Site Address	
PIN #	Parcel #
Job Cost: \$\frac{10000}{Des}	cription of Work to be done Change out 3.5
Mechanical: New Unit With	Ductwork New Unit Without Ductwork Gas Piping Other
Electrical*: 200 Amp * For Progress	200 Amp Service Change Service Reconnect Other Energy customers we need the premise number
Plumbing: Water/Sewe	r Tap Number of Baths Water Heater
Specific Directions to Job fro	m Lillington:
Subdivision:	Lot #:
(Contractors Name) I am the building owner or m	Lot #Lot #Lot #Lot #labor on this structure.
	ove structure legally. All work shall comply with the State Building Code and all
other applicable State and lo	cal laws, ordinances and regulations.
Contractor's Company Name	In St Lillryton alo 2371594
Address LIGIOU	Email Address M. M. M.
License # Structure Owner / Contractor	Signature:
By signing this application your purchase permits on their be	ou affirm that you have obtained permission from the above listed license holder to half. If doing the work as owner you understand that you cannot rent, lease or selection of the listed work.

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