| Application # | ‡ |
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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: GWENDOLYN SONES Phone: 910-892-872 | | | | |
|--|--|--|--|--|
| Owner (s) Mailing Address: 156 RIVERUIEW ROAD | | | | |
| ERWIN, NC 28339 | | | | |
| Land Owner Name (s):Phone: | | | | |
| Construction or Site Address: | | | | |
| PIN # Parcel # | | | | |
| Job Cost: \$5,500. Description of Work to be done CHANGE OUT CUTS PACK | | | | |
| Mechanical: New Unit With Ductwork New Unit Without Ductwork 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: THE RIGHT STATE STATES STATES AND STAN POSENTS Rd., THE LEFT ONTO FITAN POSENTS Rd., THE LEFT ONTO PIVERSIDE LV. THE RIGHT ONTO | | | | |
| Subdivision:Lot#: | | | | |
| NORMANS HEATING I AND COOLING LCC will provide the MECHANICAC labor on this structure. (Contractors Name) (Trade) | | | | |
| I am the building owner or my NC state license number is 29498 , 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. | | | | |
| NORMAN'S HEATING AND COUTNG UC 919-410-1844 Contractor's Company Name 1135 BRIDLEMINE DR- FURUAY-VARINA, NC 21526 FON Ald NO MAN Blive. Con Address Email Address | | | | |
| 29498 License # | | | | |
| Structure Owner / Contractor Signature: | | | | |

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

| Ap | plication # | |
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| Owner (s) of | Structure: quendolyngones F | Phone: 910-897-6727 | | |
|--|---|--|--|--|
| Owner (s) Ma | ailing Address: 156 Pivoview Real | | | |
| | ERWIN, NC 28339 | | | |
| Land Owner | Name (s):F | Phone: | | |
| Construction | or Site Address: | | | |
| PIN # | Parcel # | | | |
| Job Cost: | Description of Work to be done VCCUM | ect to Sas pace | | |
| 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 W | ater Heater | | |
| Specific Dire | ctions to Job from Lillington: | | | |
| | Lot #: Cobs swill provide the E/e (**) (Canntractors Name) (Trade | | | |
| I am the build | ding owner or my NC state license number is | , which entitles me to | | |
| perform such | n work on the above structure legally. All work shall comply | with the State Building Code and all | | |
| other applica | able State and local laws, ordinances and regulations. | | | |
| Contractor's Address | A Roberson Company Name Black Rd. Robersonville, 16 27871 | 252- <i>8</i> / <i>9</i> - 1966 Telephone Email Address | | |
| 8900 |) (| | | |
| License # Structure Ow | vner / Contractor Signature: Lange Colse | erse Date: 7/30/19 | | |
| By signing the purchase per | nis application you affirm that you have obtained permission rmits on their behalf. If doing the work as owner you unders | from the above listed license holder to tand that you cannot rent, lease or sell | | |

the listed property for 12 months after completion of the listed work.