Application # WRES 1909-1

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:   | Alice Walker                                     | Ph                 | one: 910 814 1743  |
|---|--|--------------------|--|
| Owner (s) Mailing Address   |  |                    |  |
|   | ress: 48 Star Frwit                              | Fane, lind         | one:   |
| Job Cost: 4900 00 I   | Description of Work to be done                   | HUAC O             | lange out & power  |
| Mechanical: New Unit V  | Nith Ductwork New Unit V                         | Vithout Ductwork   | Gas Piping Other   |
|   | <200 Amp Service Charess Energy customers we nee |                    |  |
| Plumbing: Water/Se  | ewer Tap Number of B                             | Baths Wat          | er Heater  |
| Specific Directions to Job  | from Lillington:                                 | 4.45.              | ·  |
|   |  |                    |  |
| Subdivision:  |  | Lot#:              |  |
| (Contractors Nar  | 7. will provide the ME                           | Chan cal           | labor on this structure.   |
|   | r my NC state license number                     | is 17/64           | , which entitles me to   |
| perform such work on the  | above structure legally. All we                  | ork shall comply w | ith the State Building Code and all  |
| other applicable State and  | d local laws, ordinances and re                  | gulations.         |  |
| THM Heat Om<br>Contractor's Company Na<br>724 Justinger of<br>Address | od Aire<br>on Road, Dunn All                     | 28334              | 910 897 550)<br>Telephone<br>D <i>usterstone @ ("Entury link ne t</i><br>Email Address |
| License # Structure Owner / Contract                                  | ctor Signature: <u>Mar John</u>                  | nan / B.S.         | Date: 9/3/19   |
| purchase permits on their   |  | vner you understar | om the above listed ficense holder to<br>nd that you cannot rent, lease or sell        |

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

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| Owner (s) of Structure: Alice Walker Phone: 910 814 1743  |
|---|
| Owner (s) Mailing Address:  |
|   |
| Land Owner Name (s): Phone:   |
| Construction or Site Address: 48 Star Fruit Land, Linden NC 2835/6  |
| PiN#Parcel#   |
| Job Cost: 150 Description of Work to be done HUAL Change out & pawer  |
| 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#:   |
| Michael   Olice   will provide the Electrical   labor on this structure.  |
| I am the building owner or my NC state license number is <u>383490</u> , 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.  |
| On Time Electric 919 669 7209 Contractor's Company Name 4   |
| 252 Park Cane, Gas NC 37521   |
|   |
| Address Email Address   |
| 38249L<br>License #   |
| 38249L  |

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