Application #	
Application in	 _

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: ANGELA GARALLY Phone: 99 436 9554
Owner (s) Mailing Address: 218 135 Mall dr. Angli
J ,
Land Owner Name (s):Phone:
Construction or Site Address:
PIN#Parcel #
Job Cost: \$ 4000 Description of Work to be done Change out \$ 2 TO
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 #:
(Contractors Name) (Trade) Jabor on this structure.
KPN+ JOM Schill provide the Labor on this structure. (Contractors Name) (Trade) labor on this structure. (Trade) lam the building owner or my NC state license number is 17164 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. This is tructure.
Kent Joms will provide the
KPN+ JOM Schill provide the Labor on this structure. (Contractors Name) (Trade) labor on this structure. (Trade) lam the building owner or my NC state license number is 17164 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. This is tructure.
Kent Johns Will provide the

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

No. 1250 P.	1
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Owner (s) of Structure:	AMERICA GRICICIUM	Phone: (9:9) (36 955)	1
Owner (s) Mailing Addr	ess: 218 ASNULL AT	ANGUE	
Land Owner Name (s):		Phone:	
	dress.		
PIN:#	Parcel # _		
Job Cost: # LOC		change out \$2 to	<u>v</u>
		nout Ductwork Gas Piping Other	
* For Pro	ogress Energy customers we need to		
Plumbing: Water	Sewer Tap Number of Bath	hs Water Heater	
Specific Directions to J	ob from Lillington:		_
			- . '
Subdivision:		Lot #:	
(Contractors N	r or my NC state license number is _	44101 , which entitles me to	الم احمد
		k shall comply with the State Building Code a	and all
other applicable State	and local laws, ordinances and regu		
Contractor's Company	M EUC. Name Man St Lillings	Telephone Email Address	<u> 59</u> 4
Address 1 49 WM License #		James May	1
Structure Owner / Con	tractor Signature:	ed permission from the above listed license	1
By signing this applica	tion you affirm that you have obtaine	ed between the appare lister incerise.	

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