## Application # MRESSOS-OOYU

**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 Structu	Ire: KEITH WEST	Phone: 910 223-7423
Owner (s) Mailing A	ddress: 593 SIERRA TRAIL	
	SPRING LAKE 28390	
Land Owner Name	(s): KEITH WEST	Phone: 910 223-7423
	Address:	
		#
Job Cost:	Description of Work to be done	
Mechanical: New	Unit With Ductwork New Unit W	fithout Ductwork ✓ Gas Piping Other
Electrical*: 200 A	Amp <200 Amp Service Cha Progress Energy customers we nee	inge Service Reconnect ✓ Other d the premise number
Plumbing: Wa	ter/Sewer Tap Number of B	aths Water Heater
Specific Directions	o Job from Lillington:	
Subdivision		1 -1 4.
Subdivision.		Lot #:
MARK-AIR/ALLMAN	NELEC. will provide the MECHAN	IICAL/ELECTRICAL labor on this structure.
(Contracto	rs Name)	(Trade)
I am the building ow	mer or my NC state license number	s L1192/6136U , which entitles me to
perform such work	on the above structure legally. All we	ork shall comply with the State Building Code and all
other applicable Sta	ite and local laws, ordinances and re	gulations.
MARK-AIR INC./ALL	MAN ELECTRIC	910 484-6565
Contractor's Company Name Telephone		Telephone
PO BOX 41104 FAYE	ETTEVILLE 28309	MARKAIRINC@NC.RR.COM
Address L1192/6136U		Email Address
Licopoo #	- <i>///</i>	
Structure Owner / C	contractor Signature:	Date: 3-24-3000

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