Application #		

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:	BOBBY MATTHEWS	Phone: 919-552-5976	
Owner (s) Mailing Addre	ess: 4069 CHALYBEATE SPRINGS		
a session with solution	FUQUAY VARINA		
Land Owner Name (s): BOBBY MATTHEWS		Phone: 919-552-5976	
Construction or Site Add	dress: 4069 CHALYBEATE SPRINGS FUO	UAY VARINA	
Job Cost: <u>400.00</u> TO HOUSE	_Description of Work to be done_RUNNII	NG APPROX 100' OF LP LINE FROM TANK	
Mechanical: New Unit	With Ductwork New Unit Without	Ductwork Gas Piping ✓ Other	
	<200 Amp Service Change _ gress Energy customers we need the p		
Plumbing: Water/S	Sewer Tap Number of Baths _	Water Heater	
Specific Directions to Jo	bb from Lillington:		
Subdivision:		_Lot #:	
MICHAEL DENNING (Contractors N	will provide the GAS PIPING	labor on this structure.	
S. D.	or my NC state license number is 2109		
_		ill comply with the State Building Code and a	
	nd local laws, ordinances and regulatio		
DIXIE-DENNING SUPPLY	r co	919-894-3824	
Contractor's Company Name		Telephone	
705 S WALL STREET BENSON NC 27504		maria.dixiedenning@gmail.com	
Address	, plane	Email Address	
21095			
License #	Mut	5/1	
Structure Owner / Contr	ractor Signature:	Date: 05/08/2020	
By signing this applicati	on you affirm that you have obtained pe	ermission from the above listed license holde	

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