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N a	1702	D	1
No.	1/02	1.	

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 S	structure: <u>Emilio</u>	sancher	P	none: (910)	984 4612
	ling Address: 12		7-11		
Land Owner N	ame (s):	***************************************	P	none:	
Construction o	r Site Address:				
Job Cost:		Nork to be done_	Change (Out mou	\ 0
Mechanical:	New Unit With Ductwork	New Unit Wit	hout Ductwork	Gas Piping	Other
	200 Amp <200 Amp * For Progress Energy cu				Other
Plumbing:	Water/Sewer Tap	Number of Bat	hs War	ter Heater	
Specific Direct	ions to Job from Lillingtor	ı:			
		•			
Subdivision:			Lot #:		
(Contr I am the buildir perform such w	ractors Name) mg owner or my NC state work on the above structure	license number is , re legally. All work	(Trade) 17164 shall comply w	, which e	ntitles me to
other applicable	e State and local laws, or	dinances and regu	ılations.		
Contractor's Co		al Nuna		91089 Telephone	15501
Address	TUnington R	CA DOING		Email Address	
License #		1/.5	A Pro	XI	
Structure Owne	er / Contractor Signature:			Date:	05/13/20
	application you affirm tha	t you have obtained	ed permission fr	om the above I	isted license holder t

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

Application #	

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			(212/2011/16/2	
Owner (s) of Structure:	Emilio sanche	<u></u> Ph	one:	4101484 401 2	_
Owner (s) Mailing Address	ss: 12C Ashe	st coats			_
					-
Land Owner Name (s):		Ph	one:		_
Construction or Site Add	ress:				_
PIN #	Pai	rcel #	_		_
Job Cost: 64000	Description of Work to be d	one Change	at a	noude	_
name	Poll + conclude				_
	With Ductwork New Ur				-
Electrical*: 200 Amp	<200 Amp Service gress Energy customers we	need the premise nur	mber	ect Other	
Plumbing: Water/S	Sewer Tap Number	of Baths Wa	ter Heate	er	
Specific Directions to Jo	b from Lillington:				
					_
Subdivision:		Lot #:			_
(Contractors Na	MCL will provide the	ellc (Trade)	labo	or on this structure.	
I am the building owner	or my NC state license num	ber is	, v	which entities me to	
	ne above structure legally. A		with the	State Building Code ar	id all
other applicable State a	nd local laws, ordinances ar	nd regulations.			
Contractor's Company	Name	_	(910) Telepho)2371594	_
	n st				
Address 4010 U		0	Email A	ddress	
License #	-	. 0		X 12/12/12	
Structure Owner / Contr	ractor Signature:	us for		_ Date: 5 12 0	20
By signing this applicati	on you affirm that you have eir behalf. If doing the work a	optained permission	from the and that	above listed license h you cannot rent, lease	older e or s
Parenase Permitte ou an		Cab - Bada d supple			

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

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