

JOB# 8-42188

Application # MRES2005-0031

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 Structure: SHARI MARGGRAFF Phone: 922-5024
Owner (s) Mailing Address: 82 JUDI LEE RD.
LILLINGTON, NC 27546

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 7,616.00 Description of Work to be done REPLACE DUCT SYSTEM
IN MOBILE HOME

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other X

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:

Duct System Only

Subdivision: _____ Lot #: _____

I BASS AC CO INC will provide the MECHANICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 1387, 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.

BASS AC CO INC
Contractor's Company Name
3261 NATAL ST. FAYETTEVILLE 28306
Address
1387
License # _____

424-3570 EXT 28 OBIE
Telephone
lomo@bass-air.com
Email Address

Structure Owner / Contractor Signature: _____ Date: _____

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

**Please contact me for Credit Card Info. Thanks Loretta 424-3570*