Application # MRESQIOG-

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: Robert G. Barefoot Phone: 919-669-4719   |
|--|
| Owner (s) Mailing Address: 7320 Sun sett Lake Rd.  |
| Fuguary Varina N.C. 18334  |
| Land Owner Name (s): Robert 6. Barefoot Phone: 919-669-4719  |
| Construction or Site Address: 541 Lenowie Smith Rd   |
| PIN # 0653-15-6624, 000 Parcel # 680653 0059   |
| Job Cost: 6, 000 Description of Work to be done InsTall HVAC   |
| 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:  401 No To Chalybeate Rd T/1. To Baptist Rd. T/L To Lenning  Smith Rd T/L House on L   |
| Subdivision: Spring Meadow Actes Lot #: 30   |
| Micheal Coates will provide the Mechanical labor on this structure.  (Contractors Name) (Trade)  |
| (Contractors Name) (Trade) (Trade)  I am the building owner or my NC state license number is 22489 H3 C, 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.   |
| Micheal Coates  Contractor's Company Name  Telephone   |
| 15 Fig Berry ST. Clayton N.C. 17577 Address Email Address  |
| 22489 H3 Class/ H2   |
| Structure Owner / Contractor Signature:   **Defeat M. Baufoot**  Date: 4-4-21  |
| 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

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| Owner (s) of Structure: Nobert G. Barefoot Phone: 919-669-4719   |
|--|
| Owner (s) Mailing Address: 7320 Surget Lake Pf.  |
| Jaguay-Varina NiC.   |
| Land Owner Name (s): Bobert G. Barefoot Phone: 919-669-4719  |
| Construction or Site Address: 541 Lenniz Smith Rd  |
| PIN#Parcel#_080653 0059  |
| Job Cost: 300,00 Description of Work to be done Wite HIAC, unit  |
| Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other  |
| Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other <u>/</u> * For Progress Energy customers we need the premise number |
| Plumbing: Water/Sewer Tap Number of Baths Water Heater   |
| Specific Directions to Job from Lillington:  401 No To Baptist brove Ad Chalyheate Rd, To Baptist Grove Ro                               |
| Subdivision: Spring Meadow Lot #: 30  I RA Jacksow Elee will provide the Elec labor on this structure. (Contractors Name) (Trade)        |
| I am the building owner or my NC state license number is   |
| 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.   |
| R.A Jackson Elect.  Contractor's Company Name  9261 Raleigh Rd Benson N.C. 27304  Telephone  |
| Address Email Address  |
| License #  Structure Owner / Contractor Signature: Notest 12 Basefrot Date: 6-4-21   |
| 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                          |

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

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