Application # 1 miles ESQUO -

**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: Owner (s) Mailing Address: Phone: Land Owner Name (s): Construction or Site Address: Parcel# PIN# New Unit Without Ductwork V Gas Piping Mechanical: New Unit With Ductwork Service Reconnect \_\_\_ <200 Amp Service Change Electrical\*: \* For Progress Energy customers we need the premise number Water/Sewer Tap\_ Number of Baths Plumbing: Specific Directions to Job from Lillington: Subdivision: labor on this structure. will provide the I am the building owner or my NC state license number is \_\_\_\_\_ , 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. Contractor's License #

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

By signing this application you affirm that you have obtained permission from the above listed license helder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell

Structure Owner / Contractor Signature:

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

Application #	

Harnett County Central Permitting
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Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: VOIN BLASCHULK Phone: (9/9/930) 1390
Owner (s) Mailing Address: 49 DOMALNICA RA. CAMONN
Land Owner Name (s):Phone:
Construction or Site Address:
PIN#Parcel#
Job Cost: 7943 Description of Work to be done HVAC Changeout
. ,
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:
Subdivision: Lot#:
(Contractors Name) will provide the Euchical labor on this structure.
I am the building owner or my NC state license number is 3252, 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.
1/2(7/2/2/10cal (919) 3a. 2225
Contractor's Company Name Telephone
Address Email Address
License #
Structure Owner / Contractor Signature: 1000 Sunt Date: 4/5/21
By signing this application you affirm that you have obtained permission from the above listed license helder 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