| 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) Phone: (828) 230 50117

| Similar (a) of Substance. |
|--|
| Owner (s) Mailing Address: 71 Haustock Court Cameron |
| |
| Land Owner Name (s):Phone: |
| Construction or Site Address: |
| PIN # Parcel # |
| Job Cost: 410,341 Description of Work to be done HVAC Changeau A |
| 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 #: |
| I ROUMIS will provide the McMani(a) labor on this structure. |
| I am the building owner or my NC state license number is 2828(), 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 Company Name Telephone |
| 232 Milanka Khantaar 1895a |
| Address 9Mail (6M |
| License # |
| Structure Owner / Contractor Signature: Date: 7/27/2 |
| 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 |

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

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

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| Application #_ | • |
| Application # | |
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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: |)H: JUFred | Phone: (829)23050U7 |
|---|--|---|
| Owner (s) Mailing Address: | | 7 CAMINN |
| Land Owner Name (s): | | Phone: |
| Construction or Site Address: | | |
| PIN # | Parcel # | |
| Job Cost: 10,341_Descrip | otion of Work to be done | HVAC Changeoux |
| Mechanical: New Unit With D | uctwork New Unit Without | t Ductwork Gas Piping Other |
| Electrical*: 200 Amp<2 * For Progress E | 00 Amp Service Change _ nergy customers we need the p | Service Reconnect Other premise number |
| Plumbing: Water/Sewer T | ap Number of Baths _ | Water Heater |
| Specific Directions to Job from | Lillington: | |
| | • | |
| | | |
| Subdivision: | | Lot #: |
| (Contractors Name) | will provide theELLC | Male Labor on this structure. |
| I am the building owner or my | NC state license number is | 32452 , which entitles me to |
| perform such work on the above | e structure legally. All work sh | all comply with the State Building Code and all |
| other applicable State and loca | l laws, ordinances and regulati | ons. |
| Contractor's Company Name | al | (9/9)35U-2225 Telephone |
| (041) ReliesT | DV. | |
| Address 52452 | | Email Address |
| License # | | |
| Structure Owner / Contractor S | 195 | |
| By signing this application you a purchase permits on their beha the listed property for 12 month | If. If doing the work as owner y | permission from the above listed license holder to you understand that you cannot rent, lease or se work. |

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