

Application # _____

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: RONALD GREENE Phone: 910 257-3134

Owner (s) Mailing Address: 1135 COACHMAN WAY
SANFORD, NC 27332

Land Owner Name (s): RONALD GREENE Phone: 910 257-3134

Construction or Site Address: 1135 COACHMAN WAY

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done _____

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 MARK-AIR/ALLMAN ELEC. will provide the MECHANICAL/ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 11972/6136U, 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.

MARK-AIR INC./ALLMAN ELECTRIC

Contractor's Company Name

PO BOX 41104 FAYETTEVILLE 28309

Address

11972/6136U

License #

910 484-6565

Telephone

MARKAIRINC@NC.RR.COM

Email Address

Structure Owner / Contractor Signature:  Date: 8.24.21

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**