

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: Kimberly McCoy Phone: 910-977-6046

Owner (s) Mailing Address: 164 Rolling Stone Ct
Sanford NC 27330

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 1000 Description of Work to be done Installed gas line for tank set

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 Kevin Craft will provide the gas piping labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 33164, 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.

Blossman Gas
Contractor's Company Name
2221 South Horner Blvd Sanford NC 27330
Address
33164
License # _____

919-356-5837
Telephone
jharbin@blossmangas.com
Email Address

Structure Owner / Contractor Signature:  Date: 4/22/22

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**