| Application | # |
|-------------|---|
| 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)

| a see (a) of Structure.  | Marlena Sweeney          |                           | Phone: 910-574-0955                             |  |  |
|--|--------------------------|---------------------------|---|--|--|
| Owner (s) of Structure: Marlena Sweeney Phone: 910-574-0955  Owner (s) Mailing Address: 715 Plantation Dr Cameron NC 28326       |                          |                           |   |  |  |
| Owner (s) Mailing Addi   | ess.                     |                           |   |  |  |
|  | A About                  |                           | Phono:  |  |  |
| Land Owner Name (s):   | Same As Above            |                           | Phone:  |  |  |
| Construction or Site A   | ddress:                  |                           |   |  |  |
| PIN#   |                          | Parcel #                  |   |  |  |
|  |                          |                           |   |  |  |
| Job Cost: 7,000  | Description of Work t    | o be done Change          | out of a 2 ton split system                     |  |  |
|  |                          |                           |   |  |  |
|  |                          |                           |   |  |  |
| Mechanical: New U  | nit With Ductwork I      | New Unit Without I        | Ductwork <u>✓</u> Gas Piping Other              |  |  |
|  |                          |                           |   |  |  |
| Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other  * For Progress Energy customers we need the premise number |                          |                           |   |  |  |
|  |                          |                           | Water Heater                                    |  |  |
| Plumbing: Wate   | er/Sewer rap N           | umber of baths            |   |  |  |
| Specific Directions to   | Job from Lillington:     |                           |   |  |  |
|  |                          |                           | _   |  |  |
|  |                          |                           |   |  |  |
| Subdivision  |                          |                           | Let #:  |  |  |
| Subdivision.   |                          | A                         | Lot #:  |  |  |
| Blanton's Heating &  | Δir                      | Machanical/Flac           | trical  |  |  |
| (Contractors   | s Name) will provide to  | ne <u>Mechanical/Liec</u> | (Trade) labor on this structure.                |  |  |
| I am the building owner or my NC state license number is 20688/34883, which entitles me to                                       |                          |                           |   |  |  |
| S I  |                          |                           | ill comply with the State Building Code and all |  |  |
|  | e and local laws, ordina |                           | 420 Z   |  |  |
| outer applicable of at   | e and local laws, ordina | rices and regulation      | 1115.   |  |  |
| Blanton's Air, Plumbing & Electric   |                          |                           | 910-229-4185                                    |  |  |
| Contractor's Company Name  |                          |                           | Telephone                                       |  |  |
| 4514 Eragg Blvd Fayetteville NC 28303  |                          |                           | LORI@BLANTONSAIR.COM                            |  |  |
| Address<br>20688/34883   |                          |                           | Email Address                                   |  |  |
| License #  |                          |                           |   |  |  |
|  |                          | X- 11                     |   |  |  |
| Structure Owner / Cor  | ntractor Signature: //   | 145                       | Date: 4/26/22                                   |  |  |
| By signing this application you affirm that you have obtained p  |                          |                           |   |  |  |
| nurchade permits on their hebalf. If doing the work as a sure  |                          |                           |   |  |  |
| the listed property for  | 12 months after comple   | etion of the listed       | Lori Sellers                                    |  |  |
|  |                          |                           |   |  |  |
| +0   |                          |                           | 5592 22/0 0019 1903                             |  |  |
| Compa  | ny name, address,        | & phone must              | 2272 7210 0017 1903                             |  |  |
|  |                          |                           | 2   |  |  |
|  |                          |                           | 03/26   |  |  |
|  |                          |                           |   |  |  |