| Ap | plication | # |   |
|----|-----------|---|---|
| -  |           | • | ٠ |

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)

| Owner (s) of Structure: Rick Jarboe Phone: 9199351377   |
|---|
| Owner (s) Mailing Address: 515 Ponderosa Trail Caueron  |
|   |
| Land Owner Name (s):Phone:  |
| Construction or Site Address:   |
| PIN # Parcel #  |
| Job Cost: 4 1134 Description of Work to be done HVAC Changeout/Scuttle  |
| 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 #:   |
| will provide the Mchanid labor on this structure.  (Contractors Name)  I am the building owner or my NC state license number is 28280, 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.  |
| 12ing Hedting \$ Air 9198953600   |
| Contractor's Company Name Linghtadir 1895a  |
| Address 290 CMail   |
| License #   |
| Structure Owner / Contractor Signature:   |
| 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

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

| Owner (s) of Structure: Vice (Marb De Phone: 9199351377   |
|---|
| Owner (s) Mailing Address: 515 Pondero Sa Trail Caulinn   |
| Land Owner Name (s):Phone:  |
| Construction or Site Address:   |
| PIN # Parcel #  |
| Job Cost. 10034 Description of Work to be done HVAE Change and South  |
| 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 #:  |
| 1 Vanua Gust will provide the Eliginal 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 structure legally. All work shall comply with the State Building Code and all  |
| other applicable State and local laws, ordinances and regulations.  |
| VRO Electrical  Contractor's Company Name  Telephone  Telephone   |
| 11401 Kells DV.  Address Email Address  |
| License #   |
| Structure Owner / Contractor Signature: 1 200 Date: 5/9/22  |
| 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