

Application # _____

Hamett County Central Permitting
PO Box 65 Lillington, NC 27548 - Ph: 910-893-7525 - Fax 910-893-2793 - www.hamett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Chelle Voyle Phone: 210 807 2989
Owner (s) Mailing Address: 485 Crystal Spring Dr.

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$13213 Description of Work to be done Bah floors - Crawl & Suttle

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 Roumills will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

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.

Kind Heating & Air
Contractor's Company Name
232 Wilson Rd.
Address
28280
License #

919 895 3100
Telephone
Kindair18950
Email Address
ghat

Structure Owner / Contractor Signature: [Signature] Date: 5/10/22

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

Application # _____

Hamett 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: Chelle Vance Phone: 210 807 2989
Owner (s) Mailing Address: 485 Crystal Spring Dr.

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$13213 Description of Work to be done: Bathrooms - Crawl & 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 #: _____

I, Vance Vance will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

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.

V.R.G. Electrical
Contractor's Company Name
6401 Keele Dr.
Address
32452
License #

919 350 2225
Telephone
knightsir1895a@gmail.com
Email Address

Structure Owner / Contractor Signature: Vance Vance Date: 5/16/22

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