Application #	

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 - Physical Address - 420 McKinney PKWY Lillington NC 27546

Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of St	tructure:	Jeremy Melvin		Phone: 919-353-3491	
		ss: 32 Harborviev			
Owner (o) man	mig / tddi c	Sanford, NC			
Land Owner Na	ame (s):			Phone:	
Construction of	r Site Add	ress: 32 Harborvi	ew Dr., Sanford, NC 2	7332	
	Construction or Site Address: 32 Harborview Dr., Sanford, NC 27332  PIN # Parcel #				
			1 droot #		
Job Cost (Red	quired): _	\$3300 Description	of Work to be done Installation	of a gas line for fireplace. This will be run from where the propane tank	
will be set next to patio, un	nder patio over t	chimney, then up and into firepla	ce through conduit, with shutoff valve ready	for new logs. Installation of 30" Heritage Char gas log set in fireplace.	
Mechanical:	New Unit	With Ductwork	New Unit Without Ductwor	rk Gas Piping X Other	
Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number					
Plumbing:	Water/S	Sewer Tap N	lumber of Baths V	Vater Heater	
Specific Direct	tions to Jo	b from Lillington:			
			t on Carolina Lakes Rd, Turn left on Carolin	a Way, Turn Right on Wood Run, Turn right on Harborview Dr.	
House will be on the righ	nt.				
				<del></del>	
Subdivision: Ca	arolina Lake	s Subdivision	Lot #:		
Jeremy Mitchell (Mr Smokestack	l k Chimney S ractors Na	service) will provide the	Mechanical ne (Fuel Piping / Gas Log Instal (Trac	labor on this structure.	
I am the building owner or my NC state license number is 34313, which entitles me to					
				y with the State Building Code and all	
			nces and regulations.	, was are class Danaing Code and an	
Mr Smokest	tack Chi	mnev Service		919-747-1859	
Mr Smokestack Chimney Service Contractor's Company Name		Telephone			
203 N Main St., Broadway, NC 27505		•			
Address		friends@mrsmokestack.com			
34313				Email Address	
License #		ý	1		
LICENSE #			11/11	//	
Structure Own	er / Contra	actor Signature:	II lli	Date: 1/30/2023	
By signing this app	plication, you	affirm that you have obta	ained perhoission 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

\*Company name, address, & phone must match information on license

listed work.

Faxed or Mailed application could have an approximately 1-5 day process time