

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)

Owner (s) of Structure: MATT RUSSELL Phone: 910-584-4262

Owner (s) Mailing Address: 206 CLEARVIEW CT
SANFORD NC 27330

Land Owner Name (s): SAME Phone: _____

Construction or Site Address: SAME

PIN # _____ Parcel # _____

Job Cost: 2500 Description of Work to be done SET TANK AND INSTALL HEATER

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 # _____

919-902-3286
Telephone
sanfordnc@blossmangas.com
Email Address

Structure Owner / Contractor Signature:  Date: 1/26/23

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**