1/1

Application #\_

Harnett County Central Permitting

Malling 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)

Carried Carrie
Owner (s) of Structure: Gail Booken Phone: 252-671-1596
Owner (s) Mailing Address: 337 Lambent Lune
Fuguery Varina NC 21526-3275
Construction or Site Address: 337 Lambert Lune Fuguar Varing NC.
PIN # Parcel #
Job Cost (Required): 970 Description of Work to be done Tank install Run LP GAS Lines to Stubout
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping VOther
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 #:
(Contractors Name) will provide the GAS P. P. 19 labor on this structure.
I am the building owner or my NC state license number is $32958$ , 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.
Americas 919-723-5511.
Address
32958
license #
Structure Owner / Contractor Signature: 1/2/17

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 fisted property for 12 months after completion of the listed work.

> \*Company name, address, & phone must match information on license Faxed or Malled application could have an approximately 1-5 day process time