FAX COVER SHEET



NOTES: Please see the following mechanical/ relectional permit applications for processing Please charge the following credit card: Name: Dave Burks Visa # 4053013300607273 Exp: 03/25. Code: 634 Thank you!

| Application | # | |
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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 Structure: Tom Godwin Phone: 910-892-8628 |
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| Owner (s) Mailing Address: 3514 Bud Haw Kins Rd |
| Dunn, NC 28334 |
| Land Owner Name (s): Tom Godwin Phone: 910-892-8628 |
| Construction or Site Address: 3514 Bud Hawkins Rd Dwnn, NC 28334 |
| PIN # Parcel # |
| Job Cost (Required): |
| |
| Subdivision:Lot #: |
| I <u>HELIMIN</u> Will provide the <u>HWAC Electrical</u> labor on this structure. (Contractors Name) (Trade) I am the building owner or my NC state license number is 3050 Hd 3148 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. |
| Contractor's Company Name Contractor's Company Name Contractor's Company Name Contractor's Company Name Telephone Kristin, judia @ capefearair. con Email Address License # |

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.

Structure Owner / Contractor Signature:

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