Application	Ħ	
application	**	

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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:	rea Goral	Phone:	110-336-1118		
Owner (s) Mailing Address: 2	55 Scupperno	ona lane	7-		
1	illington, NC	7546			
Land Owner Name (s): Same	As Above				
Construction or Site Address:	Parcel # _				
PIN#	Parcer # _				
Job Cost: 12000 Desc	rintion of Work to be done CV	nange out o	f TWD		
1.0 TON SPILT HP	at journal and	electrical r	Angrana		
1.0 1010 SKILL LIT	ar housto our	CICCITION	evon evo		
Mechanical: New Unit With	Ductwork New Unit With	out Ductwork Ga	s 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 Bath	s Water Hea	ter		
Specific Directions to Joh from	Lillington				
Specific Directions to Job from	i Lillington;		-		
Subdivision:		Lot #:			
Blanton's Air, Plumbing & Elect	will provide the Mechanical/E	lectrical lab	or on this structure.		
(Contractors Name)		(Trade)			
I am the building owner or my	NC state license number is 2	0688/34883	which entitles me to		
perform such work on the abo	ve structure legally. All work	shall comply with the	State Building Code and all		
other applicable State and loc					
	accusation of 5 and 200001 c				
Blanton's Air,Plumbing & Electric	910-610				
Contractor's Company Name	Telepho				
4514 Bragg Blvd Fayetteville NC		fes@BLANTONSAIR.COM			
Address		Email F	Address		
20688/34883	1	^			
License #		c 111	١.,		
Structure Owner / Contractor S	Signature 2000	4166	Date: 04 210 23		
	' ' /	permission from the	above listed license holder to		
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 mont	ns after completion of the liste	ed work.			
			c · WC		

*Company name, address, & phone must mato 5592 2210 0025 9924 01/28 684