

Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Chuck fallon Phone: 720-255-5706

Owner (s) Mailing Address: 155 Harbor view DR.
Sanford N.C. 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$600 Description of Work to be done Change out upstairs
Heat pump

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:

TAKE 24/27 TO Buffalo Lakes Rd turn left go approx 2 miles turn
left on Carolina Lakes Rd. turn left go to wooded turn right
go approx 1/2 mile turn right on Harbor view, HOUSE AT END OF CULDESAC

Subdivision: CAROLINA LAKES Lot #: _____
179 Lamm Ln. Sanford NC 27332

I JT Green Electrical will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23639L, 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.

Christopher S. Edwards
Contractor's Company Name

919 721-5321
Telephone

3214 Carolina Way Sanford NC 27332
Address

chrisscott.edwards@yahoo.com
Email Address

35874
License #

Structure Owner / Contractor Signature [Signature] Date: 8-17-23

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