| Application a | # |
|---------------|---|
|---------------|---|

Harnett County Central Permitting

420 McKinney Pkwy / PO Box 65 Lillington, NC 27546 – centralpermitting@harnett.org
Ph.: 910-893-7525 - Fax: 910-893-2793 / www.harnett.org/permits Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

| C | 1-31-24 |
|--|--|
| Owner (s) of Structure: ARDLYN DORMAN Ph | one: |
| Owner (s) Mailing Address: 8289 NC HWY 27 | |
| COATS NC 27521 | |
| Land Owner Name (s):Ph | one: |
| Construction or Site Address: | |
| PIN # Parcel # | |
| Job Cost (Required): 24 Description of Work to be done 4 3 V | MINISPLY SYSTEMS |
| Mechanical: New Unit With Ductwork New Unit Without Ductwork | Gas Piping Other |
| Electrical*: 200 Amp <200 Amp Service Change Service * For Progress Energy customers we need the premise nur | |
| Plumbing: Water/Sewer Tap Number of Baths Water/Sewer Numb | ter Heater |
| | |
| #919-902-32 | ST |
| | |
| Subdivision:Lot #: | |
| ACNOW-JAME BONDEN will provide the MECHANICAL (Contractors Name) (Trade) | |
| I am the building owner or my NC state license number is 1966 | , which entitles me to |
| perform such work on the above structure legally. All work shall comply v | vith the State Building Code and all |
| other applicable State and local laws, ordinances and regulations. | |
| ACNOW Contractor's Company Name 596 PAUSTINE RD. LINDEN, NC 28356 Address 191660 | 910-822-4294 Telephone ACNOW95@GMAIL.@WI Email Address |
| License # Structure Owner / Contractor Signature: By signing this application you affirm that you have obtained permission for | Date: 7-31-24 |
| purchase permits on their behalf. If doing the work as owner you understa | |

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

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