# HODICATION #	
ET MAN POR BOTTO - COMPANY OF MAN POR BOTTO - ACCO.	

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 S	Structure: Ke	rocali Rose		Phone: 94124(J-99EO		
Owner (s) Mai	iling Address:	1890 00	Word	Phone: 9Pe)241 Church VCI	Angue		
_and Owner N	Name (s):			Phone:			
Construction of	or Site Address:_						
PIN #		P:	arcel #				
Job Cost (Re	equired):	Description of Wo	rk to be done	range cut re	2(conecno)		
Mechanical:				ork Gas Piping G			
Electrical*:	200 Amp < * For Progress I	200 Amp Service Energy customers we	e Change Ser e need the premise	vice Reconnect Other	er		
Plumbing:	Water/Sewer	Tap Numbe	r of Baths	Water Heater			
Specific Direction	ctions to Job fron	<u>Lillington</u> :					
Subdivision:			Lot a	#:			
I(Co	ntractors Name)	_ will provide the	euc. (Tramber is 4910	labor on this struade) Light	icture.		
				ply with the State Building			
1000		al laws, ordinances a					
Contractor's	Company Name			91023713 Telephone	594		
Address		D HIMUT	en	Email Address			
License #			Zns Ni	MYST ~	AN INI		
	vner / Contractor		100	Date: O			
By signing this a	application, you affirm	that you have obtained r	permission from the abo	ove listed license holder to pure	chase permits on their		

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 Faxed or Mailed application could have an approximately 1-5 day process time

Analization	#
Application	<i></i>

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Owner (s) of Str	ucture:	ndall kose		Phone: 919) Churchku	240 9980
Owner (s) Mailin	g Address:	1890 oux	Cral	churchka	ANCICE
Land Owner Nar	me (s):			Phone:	
Construction or S	Site Address:				
PIN #		Pa	rcel #		
Job Cost (Requ	ired): XV	Description of Worl	to be done	Changeau	theconecron
Mechanical: No	ew Unit With Du	uctworkNew U	nit Without Duct	work Gas Piping	Other
Electrical*: 20	00 Amp <20 For Progress Er	00 Amp Service nergy customers we	Change S need the premi	ervice Reconnect se number	_ Other
Plumbing:	Water/Sewer Ta	ap Number	of Baths	Water Heater	
Specific Direction	ns to Job from I	_illington:			
Subdivision:			L	ot #:	
(Contra	ctors Name)	will provide the\	(labor on the Trade) (eU, which e	his structure.
perform such wo	rk on the above	e structure legally.	All work shall co	mply with the State B	uilding Code and all
other applicable	State and local	l laws, ordinances a	nd regulations.		
Contractor's Cor		sac	\sim	Telephone	297550L
Address				Email Address	Allucia
<u>License</u> #	<u>u</u>	1//	model	10x	Century Ime net
Structure Owner	/ Contractor S	ignature:	get /	Date	:01/123
By signing this appli	cation, you affirm the	hat you have obtained pe	rmission from the a	bove listed license holder t	o purchase permits on their

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