## HARNETI REGIONAL WATER CASH RECEIPTS \*\*\* CUSTOMER RECEIPT \*\*\*

Oper: DJOHNSON Type: CP Drawer: 1 Date: 9/23/19 54 Receipt no: 95430 Customer Location Name Amount

Customer Location Name (240045 33647 BUTLER, LINDA

UD WA UTILITY DEPOSIT \$25.00

Trans date: 9/23/19 Time: 11:04:42

\*\* THANK YOU FOR YOUR PAYMENT \*\*

Application #	
anniication II	

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: LINDA DUHEE	Phone: <u>484-960 - 993</u> 8
Owner (s) Mailing Address: 1159 Cokes bury	Rd
Fuquaig-Varina	NC 27526
Land Owner Name (s):	Phone:
Construction or Site Address:	
PIN # Parcel #	
	•
Job Cost (Required):Description of Work to be done	
<u> </u>	
Mechanical: New Unit With Ductwork New Unit Without Ductwork	work Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service Chang	
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington:	
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Subdivision:Lot	t #:
	•
I will provide the (Contractors Name) (T	labor on this structure.
1 am the building owner or my NC state license number is	
perform such work on the above structure legally. All work shall con	nply with the State Building Code and all
other applicable State and local laws, ordinances and regulations.	
Contractor's Company Name	Telephone
Aller	Facel Address
Address	Email Address
License #	
Structure Owner / Contractor Signature:	Date: 9/23/2010
By signing this application you affirm that you have obtained permise purchase permits on their behalf. If doing the work as owner you und the listed property for 12 months after completion of the listed work.	sion from the above listed license holder to derstand that you cannot rent, lease or sell

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