Application #	
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Harnett County Central
Permitting
PO Box 65 Lillington, NC 27646 - Ph: 910-893-7525 - Fx
Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: LAHR SAMU	Owner (s) of Structure: LAHR SAMUEL L & LAHR JENNIFER LEE	
Owner (s) Mailing Address: 466 ROB	ESON ST	
SPRING	LAKE, NC 28390	
Land Owner Name (s): SAME AS ABOVE		Phone: SAME AS ABOVE
Construction or Site Address; 466 RG	OBESON ST SPRING LAKE, N	C 28390
PIN # 0514-57-5309.000	Parcel # 01050	
Job Cost: 6800 Description	of Work to be done TUB TO	SHOWER CONVERSION W/VALVE
		Ouctwork Gas Piping Other
	customers we need the pro-	Service Reconnect Other emlse number
Plumbing: Water/Sewer Tap _	Number of Baths	Water Heater
Specific Directions to Job from Lilling HYW 210 S OUT OF TOWN FOR 9.5 M DR; THEN RIGHT @ BJ PALMER DR;	IILES; TURN RIGHT @ OVER	HILLS RD, GO 2.7 MILES; LEFT ON EILEEN T
Subdivision: N/A		Lot#: N/A
(Contractors Name)		(Trade)
	, which entitles me to	
**************************************		comply with the State Building Code and al
other applicable State and local laws	s, ordinances and regulation	s.
REBATH OF THE TRIANGLE		919-744-7832
Contractor's Company Name		Telephone
8817 WESTGATE PARK DR #112; RALEIGH, NC, 27617		JOSH@TRIANGLEREBATH.COM
Address 8776 License #	A	Email Address  Date: 10/29/19
Structure Owner / Contractor Signat	1 1	
purchase permits on their behalf. If of the listed property for 12 months after	litinat you have obtained per doing the work as owner you er completion of the listed w	mission from the above listed license holde understand that you cannot rent, lease or sork.

\*Company name, address, & phone must match information on license