Application #

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: GOOLD JANA M & BENEVENIA JOSEPH	Phone: 732-966-5651
Owner (s) Mailing Address: 355 MOONLIGHT DR	
FUQUAY VARINA, NC 27526	
Land Owner Name (s): GOOLD JANA M & BENEVENIA JOSEPH	Phone: 732-966-5651
Construction or Site Address: 355 MOONLIGHT DR FUQUAY VARINA	
PIN# 0665-80-2349.000 Parcel # 040674 (
1 dicci #	
Job Cost: \$8500 Description of Work to be done TUB TO SH	OWER CONVERSION WWALVE
The state of the s	
Mechanical: New Unit With Ductwork New Unit Without Duc	twork Gas Bining Other
16	
Electrical*: 200 Amp <200 Amp Service Change S	Service Reconnect Other
* For Progress Energy customers we need the prem	50 - 2 - 34 - 30 - 30 - 30 - 30 - 30 - 30 - 30
Plumbing: Water/Sewer Tap Number of Baths Water Heater	
Specific Directions to Job from Lillington:	
TAKE 401 N; RIGHT @ LAFAYETTE RD; RIGHT @ E WILLIAMS ST; LE	FT @ ATKINS RD; RIGHT @ RAVVLS
CHURCH RD; LEFT @ MOONLIGHT DR	
Subdivision: N/A	ot #: N/A
REBATH OF THE TRIANGLE will provide the PLUMBING	labor on this state of
(Contractors Name)	Trade) labor on this structure.
I am the building owner or my NC state license number is 8776	which entitles me to
perform such work on the above structure legally. All work shall con	
other applicable State and local laws, ordinances and regulations.	mply with the State Building Code and an
other applicable state and local laws, ordinances and regulations.	
REBATH OF THE TRIANGLE	919-744-7832
Contractor's Company Name	Telephone
8817 WESTGATE PARK DR #112; RALEIGH, NC, 27617	JOSH@TRIANGLEREBATH.COM
Address	Email Address
8776	
License #	
Stouture Queen (Cont.)	12/10/10
Structure Owner / Contractor Signature:	Date: 12/19/19
By signing this application you affirm that you have obtained permis- purchase permits on their behalf. If doing the work as owner you und	sion from the above listed license holder t
The state of the s	acionalia mat you cannot rent, igase of se

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

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