Application # Pres 2001 -0005

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 Addr	ess: 355 MOONLIGHT DR	
Owner (b) Maining / Nous.	FUQUAY VARINA, NC 27526	
Land Owner Name (s):	GOOLD JANA M & BENEVENIA JOSEPH	Phone: 732-966-5651
Construction or Site Ad	dress: 355 MOONLIGHT DR FUQUAY VA	RINA, NC 27526
PIN # 0665-80-2349.000	Parcel # 0406	374 0046 17
, III II		
Job Cost: \$12040	Description of Work to be done TUB To	O SHOWER CONVERSION W/VALVE
(MASTER BATH)		
Mechanical: New Uni	t With Ductwork New Unit Without	Ductwork Gas Piping Other
Electrical*: 200 Amp	<200 Amp Service Change _ gress Energy customers we need the r	Service Reconnect Other
Plumbing: Water/	Sewer Tap Number of Baths _	Water Heater
Specific Directions to Jo TAKE 401 N; RIGHT @ L CHURCH RD; LEFT @ M	AFAYETTE RD; RIGHT @ E WILLIAMS S	T; LEFT @ ATKINS RD; RIGHT @ RAWLS
Subdivision: N/A		Lot #: N/A
<b>DED. 17</b> (1 OF THE TO!)	NO. 5 PLUMPING	
REBATH OF THE TRIANGLE will provide the PLUMBING (Contractors Name)		(Trade) labor on this structure.
	or my NC state license number is 877	· · · · · · · · · · · · · · · · · · ·
		all comply with the State Building Code and all
	and local laws, ordinances and regulation	
other applicable outer		
REBATH OF THE TRIANGLE		919-744-7632
Contractor's Company Name		Telephone
8817 WESTGATE PARK DR #112; RALEIGH, NC. 27617		JOSH@TRIANGLEREBATH.COM Email Address
Address		Email Address
8776 License #	-	
Structure Owner / Cont	ractor Signature	Date: 1/7/20
purchase permits on th	ion you affirm that you have obtained p eir behalf. If doing the work as owner y 2 months after completion of the listed	permission from the above listed license holder ou understand that you cannot rent, lease or swork.

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

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