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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: STEPHENSON RHONDA D & STEPHENSON RA Phone: (919) 207-2553				
Owner (s) Mailing Address: 3690 BAILEYS CROSSROADS RD				
BENSON, NC 27504-6233				
Land Owner Name (s): STEPHENSON RHONDA D & STEPHENSON RA	A Phone: (919) 207-2553			
Construction or Site Address: 3690 BAILEYS CROSSROADS RD BENSO	DN, NC 27504-6233			
PIN # 1610-67-8314.000 Parcel # 071602 005				
Job Cost: \$15620 Description of Work to be done WALKIN TUB	INSTALL			
Mechanical: New Unit With Ductwork New Unit Without Ductw	ork Gas Piping Other			
Electrical*: 200 Amp <200 Amp Service Change Service For Progress Energy customers we need the premise				
Plumbing: Water/Sewer Tap Number of Baths	Water Heater			
Specific Directions to Job from Lillington: 421 TO 27 WEST; NORTH/LEFT ON BAILEYS CROSSROADS RD; HOUSE	E ON RIGHT			
Subdivision: N/A Lot	#: N/A			
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 com-	ply with the State Building Code and all			
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 8776	Email Address			
License #				
Structure Owner / Contractor Signature:	Date: 6/9/2020			
By signing this application you affirm that you have obtained permissi				

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.