Application	#
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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 R	A Phone: (919) 207-2553
Owner (s) Mailing Address: 3690 BAILEYS CROSSROADS RD	
BENSON, NC 27504-6233	
Land Owner Name (s): STEPHENSON RHONDA D & STEPHENSON R	A Phone: (919) 207-2553
Construction or Site Address: 3690 BAILEYS CROSSROADS RD BENS	ON, NC 27504-6233
PIN # 1610-67-8314.000 Parcel # 071602 008	
Job Cost: \$15620 Description of Work to be done WALKIN TUB	INSTALL
Mechanical: New Unit With Ductwork New Unit Without Ductwork Service Change Se	,
* 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; HOUS	E ON RIGHT
Subdivision: N/A Lot	#: N/A
(Contractors Name) will provide the PLUMBING (Tr	labor on this structure.
(Contractors Name) (Tr	ade)
I am the building owner or my NC state license number is 2993	
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 2993 S License #	Email Address
Structure Owner / Contractor Signature:	Date: 6/30/2020
By signing this application you affirm that you have obtained permiss 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.	ion from the above listed license holder to erstand that you cannot rent, lease or sel

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