

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: Northpoint Apartments Phone: 9104363328

Owner (s) Mailing Address: 116 B Wedgewood Dr Spring Lake NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 3e Daisy Circle

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done Connect Sewer Tap

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap 1 Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: Northpoint Lake Charles LLC Lot #: _____

I Ryan Anderson will provide the Plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 34162, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Ryan Anderson
Contractor's Company Name
1080 Riverside Circle Spring Lake
Address
34162
License #

910-224-6969
Telephone
raa
Email Address
andersonselectrical@mail.com

Structure Owner / Contractor Signature: [Signature] Date: July 10, 2020

By signing this application you affirm that you have obtained permission from the above listed license holder to 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.

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

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Owner (s) of Structure: Northpoint Apartments Phone: 910 436 3328

Owner (s) Mailing Address: 116 B Wedgewood Dr.
Spring Lake NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 109 Orchid Dr.

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done Connect Sewer Taps

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap 1 Number of Baths ___ Water Heater ___

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Ryan Anderson
Contractor's Company Name

1030 Riverside Cir Spring Lake
Address

34162
License #

910 224 6969
Telephone

andersonselectrical@mail.com
Email Address

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