

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: Brian E. Barney Phone: 919 888 2122

Owner (s) Mailing Address: 119 SkyCrest Dr.
SANford, NC 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # 9585-65-8093.000 Parcel # 03958520 0021

Job Cost: _____ Description of Work to be done (Sprinkler Trap) Irrigation Meter

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 Number of Baths Water Heater

Specific Directions to Job from Lillington:

Hwy 27W to Buffalo Lakes Rd, Left into Carolina Lakes Sub-
division, Right on Carolina Way, Left on Coachman, Left on
Seamist, Right on SkyCrest. (Corner Lot).

Subdivision: Carolina Lakes Lot #: 21

I (Homeowner) will provide the _____ labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, 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.

Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

License # _____

Structure Owner / Contractor Signature: Brian Barney Date: 8/2/20

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**