

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: Alexia Dewane Phone: 920-254-5310

Owner (s) Mailing Address: 43 White Cloud Ln Sanford, NC 27330

Land Owner Name (s): Alexia Dewane Phone: 920-254-5310

Construction or Site Address: 43 White Cloud Ln Sanford, NC 27330

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done _____

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 ___

Sprinkler
Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Daniel Baker will provide the plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32687 Restrictive plumbing license number, 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.

Sanford Turf and Irrigation
Contractor's Company Name

919-258-6675
Telephone

3280 Cox Mill Rd Sanford, NC 27332
Address

morgan.baker@sanfordturfandirrigation.com
Email Address

715 Irrigation Contractor's license number
License #

Structure Owner / Contractor Signature: Alexia Dewane Date: 09/18/2020

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**