Apr	lication	#					

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:	THOMAS PAUL W & THOMAS PATRICIA A	Phone: 919-498-0114			
Owner (s) Mailing Addre	ess: 310 MAPLEWOOD DR				
	SANFORD, NC 27332				
Land Owner Name (s):	THOMAS PAUL W & THOMAS PATRICIA A	Phone: 919-498-0114			
Construction or Site Add	iress: 310 MAPLEWOOD DR SANFORD, NC 27	332			
PIN # 9595-36-7003.000	Parcel # 03958518				
. (K) 					
Job Cost: \$\frac{\\$21282}{\}2; NEW TOPS	Description of Work to be done SHOWER CO X 2	NVERSION W/VALVE			
Mechanical: New Unit	With Ductwork New Unit Without Ductw	ork Gas Piping Other			
	<200 Amp Service Change Se gress Energy customers we need the premise				
Plumbing: Water/S	Sewer Tap Number of Baths	Water Heater			
	<u>b from Lillington:</u> S BARBECUE; LEFT ON BUFFALO LAKES RD; I Y; LEFT ON MAPLEWOOD DR	LEFT ON CAROLINA LAKES;			
Subdivision: CAROLINA	LAKES PH 6 Lot	#: <u>505</u>			
(Contractors Na	STANDER STANDE	ade)			
	or my NC state license number is 29933				
	e above structure legally. All work shall com	ply with the State Building Code and all			
otner applicable State al	nd local laws, ordinances and regulations.				
REBATH OF THE TRIANG	GLE	919-744-7832			
Contractor's Company N		Telephone			
	DR #112; RALEIGH, NC, 27617	JOSH@TRIANGLEREBATH.COM			
Address 29933		Email Address			
License #	. 4				
Structure Owner / Contra	actor Signature	Date: 10/29/2020			
	on you affirm that you have obtained permiss				

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