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Application #	
Apphoadon II	

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: MATTHEWS BRENDA & MATTHEWS JAMES (O Phone: 910-577-0418
Owner (s) Mailing Address: 256 WOODFIELD CT	
FUQUAY VARINA, NC 27526	
Land Owner Name (s): MATTHEWS BRENDA & MATTHEWS JAMES	O Phone: 910-577-0418
Construction or Site Address: 256 WOODFIELD CT FUQUAY VARINA,	NC 27526
PIN # 0664-49-5496.000 Parcel # 080664 01	112 32
Job Cost: 16282Description of Work to be done TUB TO SHO	OWER CONVERSION W/VALVE
Mechanical: New Unit With Ductwork New Unit Without Duct	twork Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change S * For Progress Energy customers we need the premise	se number
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington: 401N FROM LILLINGTON; RIGHT ON RAWLS CHURCH RD; LEFT ON F	RIVERWOOD; RIGHT ON WOODFIELD
Subdivision: LEGACY AT RAWLS Lo	ot #: 31
Cubalificati.	
REBATH OF THE TRIANGLE will provide the PLUMBING	labor on this structure.
(Contractors Name) will provide the PLUMBING	
I am the building owner or my NC state license number is 29933	, which entitles me to
perform such work on the above structure legally. All work shall co	mply 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	Email Address
29933	
License #	
Structure Owner / Contractor Signature:	Date: 1/5/2021
By signing this application you affirm that you have obtained permit purchase permits on their behalf. If doing the work as owner you up the listed property for 12 months after complistion of the listed work	nderstand that you cannot rent, lease of sell

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