

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: KARTON Properties LLC Phone: 336-263-5444

Owner (s) Mailing Address: P.O. BOX 597
OLIVIANE 28368

Land Owner Name (s): WALTER A. Kimbrell Phone: 336-263-5444

Construction or Site Address: 151 VIRGINIA LANE, CAMERON NC 28326

PIN # _____ Parcel # _____

Job Cost: \$1000 Description of Work to be done: Repair Bath Room Plumbing
SINK, Shower & Tub

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 1 Water Heater ___

Specific Directions to Job from Lillington: HWY 27 TO HWY 24, left for 2 miles
Right into HERITAGE VILLAGES

Subdivision: HERITAGE VILLAGES Lot #: _____

I Corey Basnell will provide the Plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 34127, 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.

EASTCOR Plumbing Inc
Contractor's Company Name
3420 BENT RIDGE DR MECHANIC
Address 27302
34127
License #

336-214-4687
Telephone
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 2/12/21

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**