Application #\_\_\_\_\_\_

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

Owner (s) of Structure: Owner (s) Mailing Address: Land Owner Name (s): Construction or Site Address: PIN# Description of Work to be done New Unit With Ductwork New Unit Without Ductwork Gas Piping \_\_\_ Other \_\_\_ Mechanical: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_ Electrical\*: \* For Progress Energy customers we need the premise number Water/Sewer Tap \_\_\_\_ Number of Baths \_\_\_\_ Water Heater \_\_\_\_ Plumbing: Specific Directions to Job from Lillington: Charles \_ labor on this structure. I am the building owner or my NC state license number is 34(62-61, 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. Address

Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Structure Owner / Contractor Signature:

Date: <u>03-03-202</u>

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

App	lication #	

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Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: Northpoint Lake Charles LLC Phone: 910.436.3328 Owner (s) Mailing Address: 16 B Wedgewood Dr Phone: Land Owner Name (s): Construction or Site Address: 913 Azalea Dr PIN# Parcel # Job Cost: Description of Work to be done Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_ Other \_\_\_ 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_ Electrical\*: \* For Progress Energy customers we need the premise number Number of Baths \_\_\_\_ Water/Sewer Tap / Water Heater Plumbing: Specific Directions to Job from Lillington: 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 Address

Structure Owner / Contractor Signature:

Date: 03-03-20

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