

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

**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: Kayla Cowden Phone: 334-868-7622

Owner (s) Mailing Address: 191 Countryside Dr  
Lillington NC 27546

Land Owner Name (s): Kayla Cowden Phone: 334-868-7622

Construction or Site Address: 191 Countryside Dr Lillington NC

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done: Sprinkler connection

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 \_\_\_

Specific Directions to Job from Lillington:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I homeowner Kayla Cowden will provide the \_\_\_\_\_ labor on this structure.  
(Contractors Name) (Trade)

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 \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

Structure Owner / Contractor Signature: Kayla Cowden Date: 20210527

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**