

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: Barry Merritt Phone: 910-429-9939

Owner (s) Mailing Address: 35 Bedford Road
Spring Lake, NC

Land Owner Name (s): Barry Merritt Phone: _____

Construction or Site Address: 35 Bedford Road Spring Lake, NC

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done Backflow / Irrigation Permit

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 Monste Beard will provide the Plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32886PI, 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.

Dell Haire Plumbing LLC
Contractor's Company Name

P.O. Box 65048
Address

32886PI
License #

910 429 9939
Telephone

crystaldhcp@outlook.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 3-31-22

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

* Please call our office at 910 429 9939 for payment.