

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: Timothy Kocher Phone: _____

Owner (s) Mailing Address: 3435 Ross Rd

Lillington

Land Owner Name (s): Timothy Kocher Phone: _____

Construction or Site Address: 3435 Ross Rd, Lillington, NC

PIN # _____ Parcel # _____

Job Cost: \$17,300 Description of Work to be done Replace 2" water main from Rd to house junctions

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 isa Kocher will provide the of Mike Gale Plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23979, 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.

Mike Gale Plumbing John Wells
Contractor's Company Name

628-6130
910-890-3834
Telephone

3006 Neills Creek Chalybeate Springs
Address

Email Address

23979
License #

Structure Owner / Contractor Signature: Isa Kocher Date: 7/29/21

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