App	lication #	
$\neg$ PP	$m_{\perp}$	

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: 000165 Augusti Phone: (847) 618-8405			
Owner (s) Mailing Address: 133 Scholar Dr			
Spring Lake, NC 28390			
Land Owner Name (s):Phone:			
Construction or Site Address: 133 SCholar Dr			
PIN # Parcel #			
Job Cost: (200 Description of Work to be done <u>Trestall</u> whole have water treatment system			
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 Alan Hardin will provide the plumbing labor on this structure.  (Contractors Name)			
I am the building owner or my NC state license number is 35397, 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.			
Clear Choice Plumbing Contractor's Company Name  2813 Commerce Pd, Jackson Ville, NC Address  35397  C910)459-9399 Telephone  permits@dearchoiceplumbing.net Email Address			
License #			
Structure Owner / Contractor Signature:			
Discipling this application you offirm that you have obtained permission from the above listed license holder to			

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