| | Application # |
|--|---|
| Mailing Address - PO Box 65 Lillington, NC 27546 - Physical Add Ph.: 910-893-7525 - Fax: 910-893-2793 - Certification of Work Performed B (Individual Trade App | ress – 420 McKinney PKWY Lillington NC 27546 www.harnett.org/permits v Owner/Contractor |
| Owner (s) of Structure: South Eastern District, | ASSET Phone: (910) 476 - 4268 |
| Owner (s) Mailing Address: PO BOX 87203 | 1 |
| Fayetteville NC 28 | 304 |
| Land Owner Name (s): | Phone: (910) 208-9563 |
| Construction or Site Address: 10369 NC 210 S | Spring Lake NC 28390 conta |
| Construction or Site Address: 0369 NC 210 S | 01-0535-0043-03 for |
| Job Cost (Required): 3000 Description of Work to be done | · |
| Mechanical: New Unit With Ductwork New Unit Without D | uctwork Gas Piping Other |
| | |
| Electrical*: 200 Amp <200 Amp Service Change * For Progress Energy customers we need the pre- | Service Reconnect Other mise number |
| Plumbing: Water/Sewer Tap Number of Baths | |
| | |
| Specific Directions to Job from Lillington: | |
| | |
| Subdivision: New Concept | _Lot #: |
| will provide the | (Trade) labor on this structure. |
| 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 | |
| other applicable State and local laws, ordinances and regulations | m 980 |
| | |
| Contractor's Company Name | Telephone |
| Address | Email Address |
| License # | |

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.

Structure Owner / Contractor Signature:

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

Faxed or Mailed application could have an approximately 1-5 day process time