

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: Joseph Oliver Phone: 337-353-8928

Owner (s) Mailing Address: 605 Sea Mist Dr  
Sanford NC 27332

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

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

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

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:

27 to Buffalo Lake Road, left into Carolina Lakes, Right on  
Carolina Way, left on coachman, left on sea mist

Subdivision: Carolina Lakes Lot #: 153

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

I am the building owner or my NC state license number is owner, 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: [Signature] Date: 17 May 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**