

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: Michael and Angelique Hoskins Phone: 803 727 5595
Owner (s) Mailing Address: 12 Ballentyne Ct. Sanford NC 27332

Land Owner Name (s): Michael and Angelique Hoskins Phone: 803 727 5595
Construction or Site Address: 12 Ballentyne Ct. Sanford NC 27332
PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done Install irrigation system/ backflow

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 Dell Haire Plumbing LLC will provide the Backflow / Irrigation Plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32886P1, 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 Fayetteville, NC 28306
Address
32886P1
License #

910 429-9939
Telephone
crystaldhcp@outlook.com
Email Address

Structure Owner / Contractor Signature: C. Batton (Dell Haire Plumbing LLC) Date: 7/28/22

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**