

Application # _____

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 – Physical Address – 420 McKinney PKWY Lillington NC 27546

Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: NADINE REED Phone: 919 906 7044

Owner (s) Mailing Address: 38 RAY CON CIR

Land Owner Name (s): Robert Reed + Nadine Reed Phone: _____

Construction or Site Address: 38 RAY CON CIR

PIN # 0680-54-4083-000 Parcel # 110680 0009 33

Job Cost (Required): 9979 Description of Work to be done Change tub to shower same location

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: Rocky Branch Lot #: 33

I MALCOM VERNON will provide the PLUMBING labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 14507, 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.

Bathfitter
Contractor's Company Name
1802 CLEVELAND CROSSING GARNER, NR. 27525
Address
14507
License #

919 218 4953
Telephone
PLUMBER247MV@OUTLOOK.COM
Email Address

Structure Owner / Contractor Signature: Malcom Vernon Date: 4-6-23

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**

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

BATH FITTER®

EACH FRANCHISE INDEPENDENTLY OWNED & OPERATED

Martin Martin Renovations, Inc.
www.bathfitter.com

- 1187 Shields Road
Kernersville, NC 27284
Tel: (336) 379-7899
Toll Free: 1-866-379-7899
Fax: (336) 992-0124
- 182 Cleveland Crossing
Warner, NC 27529
Tel: (919) 662-9899
Toll Free: 1-866-662-9899
Fax: (919) 662-0197
- 1820 Arrowridge Blvd., Unit G
Charlotte, NC 28273
Tel: (704) 525-8799
Toll Free: 1-866-854-4399
Fax: (704) 525-8964
- 3822 US Hwy 421, Ste 140
Wilmington, NC 28401
Tel: (910) 210-4099
Toll Free: 1-866-677-2284
Fax: (910) 210-4096
- 8956 NW 24 Terrace
Doral, FL 33172
Tel: (786) 517-8699
Toll Free: 1-866-635-6776
Fax: (786) 517-8660
- 6265 S. Valley View Road, Suite D
Las Vegas, NV 89118
Tel: (702) 996-8901
Toll Free: 1-844-519-1563
Toll Free: 1-844-519-1564
Fax: (702) 331-0468
License # 0080430 / 0080431 / 0080731
Bid Limit \$225,000

CUSTOMER INFO

ESTIMATE DATE 4-5-23 EOJ # 14527
 NAME: Nadine Reed
 ADDRESS: 38 Ray Con Cir
 CITY/STATE/ZIP: Lillington, NC 27546
 TEL: 919 906 7044 MOBILE()
 BILLING ADDRESS
 SAME AS ABOVE
 EMAIL ADDRESS

Bathtub <input type="checkbox"/> Liner <input type="checkbox"/> Free Standing <input type="checkbox"/> Drain <input checked="" type="checkbox"/> LH <input type="checkbox"/> RH	
Tub Name _____ Mold# _____ Skirt Type _____ Rail Size _____ Template Size _____	—
Color <input type="checkbox"/> White <input type="checkbox"/> White Marble <input type="checkbox"/> Ivory Marble <input type="checkbox"/> Pearl <input type="checkbox"/> Slip Resistant Coating	
Shower Base <input type="checkbox"/> Formed <input checked="" type="checkbox"/> Free Standing <input type="checkbox"/> Flat <input type="checkbox"/> Easy Access <input type="checkbox"/> Other	
Drain <input checked="" type="checkbox"/> LH <input type="checkbox"/> RH <input type="checkbox"/> Center Item# <u>S H0604</u>	1 WC
Color <input checked="" type="checkbox"/> White <input type="checkbox"/> White Marble <input type="checkbox"/> Ivory Marble <input type="checkbox"/> Pearl <input type="checkbox"/> Slip Resistant Coating	
Wall <input type="checkbox"/> Smooth <input type="checkbox"/> 4" Tile <input type="checkbox"/> 6" Tile <input type="checkbox"/> 10" Tile <input type="checkbox"/> 12" Tile <input type="checkbox"/> 13" Tile <input checked="" type="checkbox"/> Rimini <input checked="" type="checkbox"/> Genova	
<input type="checkbox"/> Subway <input type="checkbox"/> Subway w/ Diag. Inlay <input checked="" type="checkbox"/> 7.5' <input checked="" type="checkbox"/> 11' <input type="checkbox"/> 13' Item# <u>090132TW622</u>	1 WC
Color <input checked="" type="checkbox"/> White <input type="checkbox"/> White Marble <input type="checkbox"/> Ivory Marble <input type="checkbox"/> Pearl	
Ceiling <input type="checkbox"/> Flat <input type="checkbox"/> Dome <input type="checkbox"/> 4' <input type="checkbox"/> 4 1/2' <input type="checkbox"/> 5' <input type="checkbox"/> 5 1/2' Item# _____	—
Color <input type="checkbox"/> White <input type="checkbox"/> White Marble <input type="checkbox"/> Ivory Marble <input type="checkbox"/> Pearl	
Tub/Shower Doors <input type="checkbox"/> Sliders <input type="checkbox"/> TD <u>ASD 010C060</u>	1 WC
<input type="checkbox"/> BF Pivot# _____ <input type="checkbox"/> 9" <input type="checkbox"/> 17" BF Panel <input type="checkbox"/> Outside Vendor (See Addendum)	
Plumbing <input checked="" type="checkbox"/> Drain Kit <input type="checkbox"/> Chr <input type="checkbox"/> Brass <input checked="" type="checkbox"/> BN <input type="checkbox"/> V. Bronze <input type="checkbox"/> ORB	
Valve/Fixture <input checked="" type="checkbox"/> Delta <u>Ashlyn</u> <input type="checkbox"/> Handheld <input type="checkbox"/> Slidebar <input type="checkbox"/> Diverter	1 WC
Item# <u>T14264-SS</u> Item# _____ Item# _____	
Accessories	
Curtain Rods <input type="checkbox"/> Tension <input type="checkbox"/> Curved <input type="checkbox"/> Straight <input type="checkbox"/> Other <input type="checkbox"/> Curtain Liner <input type="checkbox"/> Ring	—
Color <input type="checkbox"/> Chrome <input type="checkbox"/> BN <input type="checkbox"/> V Bronze <input type="checkbox"/> White <input type="checkbox"/> Pearl Item# _____	
Grab Bar <input type="checkbox"/> 9" <input type="checkbox"/> 16" <input type="checkbox"/> 18" <input checked="" type="checkbox"/> 24" <input type="checkbox"/> 32" <input type="checkbox"/> Other <input checked="" type="checkbox"/> Smooth Finish or Knurled Finish	1 WC
Color <input type="checkbox"/> Chr <input type="checkbox"/> Brass <input type="checkbox"/> Wht <input type="checkbox"/> Prl <input checked="" type="checkbox"/> BN <input type="checkbox"/> V Bronze Item# <u>ACC431</u>	
Acrylic Shelf <input type="checkbox"/> 20" Oval <input type="checkbox"/> 25" Standard Item# _____	—
Corner Shelf <input type="checkbox"/> Single <input checked="" type="checkbox"/> Double <input type="checkbox"/> Tower Item# <u>ACC097</u>	1 WC
Towel Bar/Toilet Paper Holder <input type="checkbox"/> Standard <input type="checkbox"/> Oval Item# _____	—
Soap Dish <input type="checkbox"/> Standard <input type="checkbox"/> Twin <input type="checkbox"/> Oversized <input type="checkbox"/> 1/2 Moon <input type="checkbox"/> Oval Item# _____	—
Seat <input type="checkbox"/> Acrylic Corner <input type="checkbox"/> Folding <input type="checkbox"/> Other	—
Services <input type="checkbox"/> Wall Repair <input type="checkbox"/> Remove Existing Tub/Wall <input type="checkbox"/> Remove & Dispose Doors	
<input type="checkbox"/> Wall Ext. <input type="checkbox"/> Wall Returns <input type="checkbox"/> Window	1 WC
<input type="checkbox"/> Other <input checked="" type="checkbox"/> H & T/Permit Fee	
Wainscoting <input type="checkbox"/> Smooth <input type="checkbox"/> Beadboard <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> White Marble <input type="checkbox"/> Ivory Marble <input type="checkbox"/> Pearl	—

COMMENTS - Yr Home Built 2004

SUB TOTAL \$	11,510
DISCOUNT \$	-1,726
OTHER \$	195
TOTAL \$	9,979

INSTALLATION SCHEDULED FOR _____ Date _____ Time _____ COMPLETED ON _____ Date _____

INSTALLED BY _____

Nadine M. Reed Customer Date 4-5-23

Andrew Ward Bath Fitter® Representative Date 4-5-23

I understand that Bath Fitter® and its representatives are not qualified to advise me on mold detection or clean-up. Nevertheless, I choose not to have an independent mold inspection performed.

THE NOTICE OF CANCELLATION AND OTHER TERMS AND CONDITIONS ARE PRINTED ON THE REVERSE SIDE OF THIS FORM.

<input checked="" type="checkbox"/> OPTION (A)	\$ 2,494	DEPOSIT \$ 7,485
		CASH, CHECK, CREDIT, DEBIT DUE ON COMPLETION
<input type="checkbox"/> OPTION (B)	\$ _____	DEPOSIT \$ _____
		FINANCING BALANCE TO BE FINANCED