

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: MARGUERITE STRAW Phone: 910-584-5025

Owner (s) Mailing Address: 1040 BETHEL BAPTIST RD
SPRING LAKE NC

Land Owner Name (s): MARGUERITE STRAW Phone: 910-584-5025

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 17000.00 Description of Work to be done REPLACE ALL EXISTING CPVC PIPE WITH PEX 2 FULL BATHROOMS KITCHEN LAUNDRY

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 2 Water Heater 1

Specific Directions to Job from Lillington: 210 SOUTH LEFT ON BETHEL BAPTIST RD

Subdivision: _____ Lot #: _____

I TIM LEONARD will provide the PLUMBING labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 29988, 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.

HOUSEHOLD 360

Contractor's Company Name
1290 LAFAYETTE RD FERRIS VAINE

Address
29988

License #

919 414 8637

Telephone
HOUSEHOLD360@gmail.com

Email Address

Structure Owner / Contractor Signature:  Date: 5-15-23

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