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: John, Virgina Bonnes	Phone: 718 813 4674
Owner (s) of Structure: John, Virgina Bonnes Owner (s) Mailing Address: 97 Singles Ln Lilli	
Land Owner Name (s): 56mc	Phone:
Construction or Site Address:	
PIN # Parcel #	
Job Cost: \$212 Description of Work to be done irrig	
Mechanical: New Unit With Ductwork New Unit Without Duct	work Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change S * For Progress Energy customers we need the premi	ervice Reconnect Other se number
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington:	Backflow
Subdivision: LC Awar Kinard	ot #:
(Contractors Name) Vill provide the Plumbing	labor on this structure.
I am the building owner or my NC state license number is 32996	, which entitles me to
perform such work on the above structure legally. All work shall con-	mply with the State Building Code and all
other applicable State and local laws, ordinances and regulations.	
Dell Haire Plumbing LLC	910 429-9939
Contractor's Company Name	Telephone
P.O. Box 65048 Fayetteville, NC 28306	dellhairplumbing@hotmail.com
Address	Email Address
32886P1	
License #	2
Structure Owner / Contractor Signature:	Date: 4/14/25
By signing this application you affirm that you have obtained permis	ssion from the above listed license holder

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