

SCANNED

4/7/10
DATE

Application # 10-500-24001

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793

www.harnett.org/permits

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

APR X 7 ENT'D

Owner (s) of Structure: Michelle L Hoffman Phone: 910-514-9301

Owner (s) Mailing Address: 75 Bryson Ct Apt 102
Lillington NC 27546

Land Owner Name (s): Lynna Morrison Phone: 910-496-9700

Construction or Site Address: 109 Davey St Springlake NC 28390

PIN or Parcel # from GIS: 0515-62-9098.000

Job Cost: _____ Description of Work to be done SCREEN PORCH (NOT ATTACHED)
ON MOBILE HOME

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

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 #: _____

Michelle Hoffman will provide the Building 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.

Structure owner(s) signature: Lynna Morrison Date: 3-17-10
Michelle L Hoffman 4-7-10

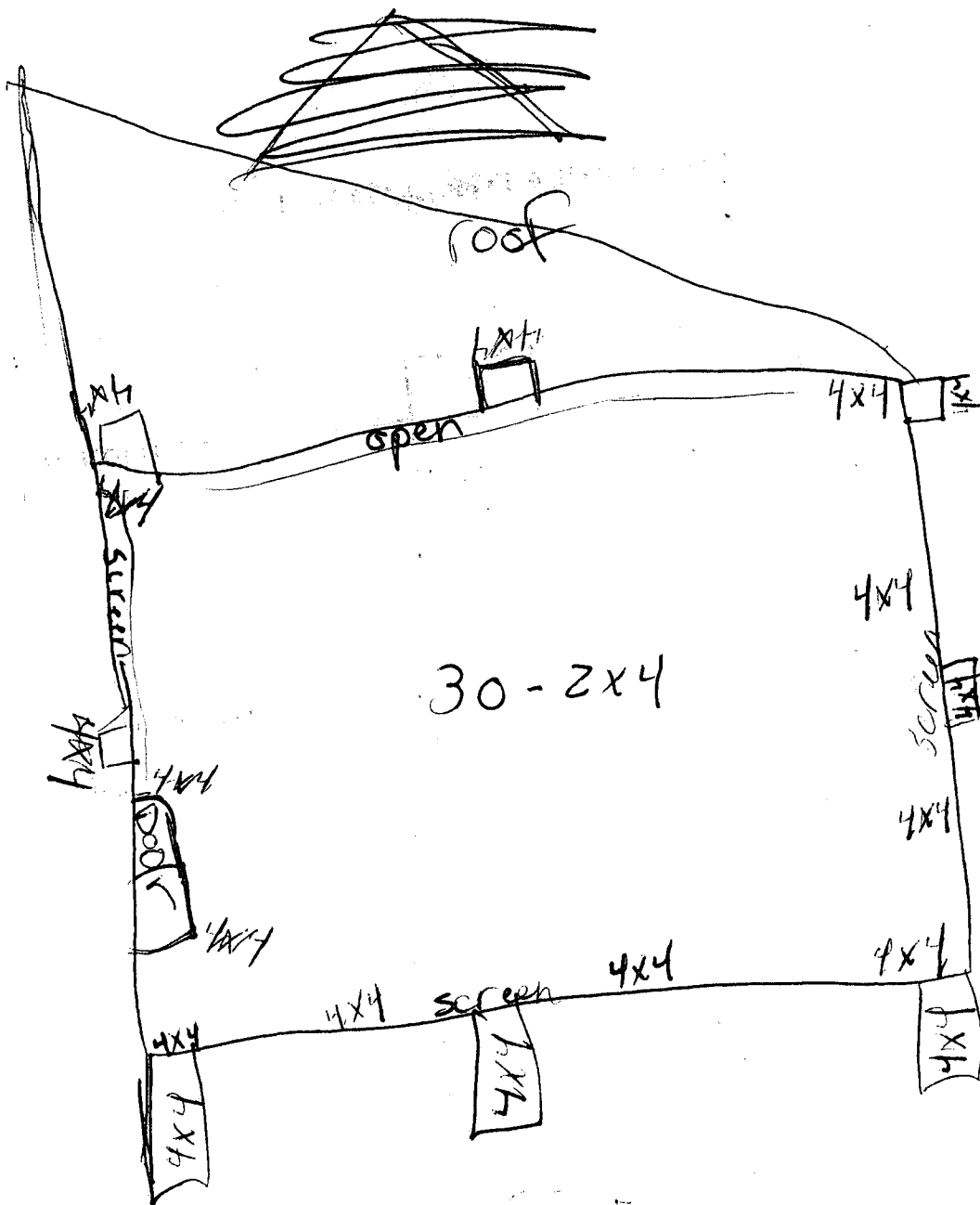
Company Name: _____ Phone: _____

Address: _____

County: _____ Contractor's License #: _____

Contractor's Signature: _____ Date: _____

***Company name, address, & phone must match information on license.**



Porch

HARNETT COUNTY CENTRAL PERMITTING

APPLICATION # _____

JOB NAME _____

DATE PLANS RECEIVED _____

SITE PLANS APPROVED _____

APPROVED BY _____