

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: Troyna Stanley Phone: \_\_\_\_\_

Owner (s) Mailing Address: 32 Smith Lucas Ln  
Dunn, NC

Land Owner Name (s): Sams Phone: \_\_\_\_\_

Construction or Site Address: Sams

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: 11500<sup>00</sup> Description of Work to be done install multi zone M.N. split system

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 INDOOR Comfort Systems will provide the Mechanical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 17615, 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.

INDOOR Comfort Systems LLC  
Contractor's Company Name

910-897-1853  
Telephone

PO Box 307 Conr. NC 27521  
Address

\_\_\_\_\_  
Email Address

17615  
License #

Structure Owner / Contractor Signature: [Signature] Date: 6-11-21

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**