

Application # 11500
25831

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)

Owner (s) of Structure: Ruth Fanion & John Smith Phone: 919-499-2082
Owner (s) Mailing Address: 54 Harbor View Sanford NC, 27332

Land Owner Name (s): Ruth Fanion & John Smith Phone: 919-499-2082
Construction or Site Address: 54 Harbor View Sanford NC, 27332
PIN or Parcel # from GIS: _____

Job Cost: \$300.00 Description of Work to be done Replacement of heat pump system.

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:

Start on E Front St toward 2nd St, Take 1st R on 2nd St, Take 3rd R on E Killlegrey St, Take 2nd L on S Main St,
Take 3rd R on W Old Rd, Merge on NC-87 S via the ramp on L toward Fayetteville, Turn L on Buffalo Lake Rd, Turn R
on Coachman Way, Take 1st L on Carolina Way, Turn R on Wood Run, Take 2nd R on Harborview Dr.

Subdivision: _____ Lot #: _____

I Randy Morris will provide the electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 17007, 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: _____ Date: _____

Company Name: Randy Morris Electrical Service Phone: 919-777-2777

Address: 1824 Sheriff Watson Road Sanford NC, 27332 County: Lee County

Contractor's License #: 17007 Email Address: _____

Contractor's Signature: *Randy Morris* Date: 12/31/2010

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

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(Individual Trade Application)

Owner (s) of Structure: Ruth Fanlon & John Smith Phone: 919-499-2082

Owner (s) Mailing Address: 54 Harbor View Sanford NC, 27332

Land Owner Name (s): Ruth Fanlon & John Smith Phone: 919-499-2082

Construction or Site Address: 54 Harbor View Sanford NC, 27332

PIN or Parcel # from GIS: _____

Job Cost: \$5,523.00 Description of Work to be done Replacement of heat pump system.

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:

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Subdivision: _____ Lot #: _____

I Wes McLeod will provide the mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 29266, 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: _____ Date: _____

Company Name: 72 Degrees Heating & Air Conditioning Phone: 919-777-2777

Address: 2600 Jefferson Davis Hwy Sanford NC, 27332 County: Lee County

Contractor's License #: 29266 Email Address: wes@cleanaimc.com

Contractor's Signature: *Wes McLeod* Date: 12/31/2010

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



	PID	PIN	LEGAL1	LEGAL2	AREA	ADDRESS	PROPA	USSES	SACRE	ASSESSOR
1	03958507 0020	9586-90- 1019.000	#20 BLK G CAROLINA LAKES		.42 AC 113.78	HARBORVIEW DR				1

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