

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: Kenneth Smith Phone: 919-498-9170

Owner (s) Mailing Address: 15 Castlerock Dr
Santford, NC 27332

Land Owner Name (s): Same Phone: _____

Construction or Site Address: _____

PIN # 9586-89-1400 Parcel # 03958710 0020 25

Job Cost: 7263 Description of Work to be done replace 3 ton HP
W/ATU in crawl for 1st floor

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: The Summit Lot #: 65

I Michael & Son Services will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32412, 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.

Michael & Son Services
Contractor's Company Name

919-390-1097
Telephone

4001 Atlantic Ave Raleigh
Address

permitsnce@michaelandson.com
Email Address

32412 / 19962
License #

Structure Owner / Contractor Signature: [Signature] Date: 3/6/19

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**