

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: MELVIN WOOTEN Phone: 9197101031

Owner (s) Mailing Address: 76 WILD OAKS CT FUQUAY VARINA 27526

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$200 Description of Work to be done REWIRING AN AIR HANDLER AND CONDENSING UN

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 JOE HARRIS will provide the ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 12930-L, 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.

TRIPLE J ELECTRIC

Contractor's Company Name

7117 CARPENTER FIRE STATION RD CARY 27519

Address

12930-L

License #

9198106691

Telephone

Email Address

Structure Owner / Contractor Signature: Joe Harris Date: 04/02/19

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**

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Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$2000 Description of Work to be done REPLACING A 2.5 HEAT PUMP SPLIT SYSTEM SAME

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 EL MOSTAFA BOURAZKI will provide the MECHANICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 33923, 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.

HQS HEATING AND AIR

Contractor's Company Name

212 EDGE CROFT WAY FUQUAY VARINA 27526

Address

33923

License #

9193389418

Telephone

sandiacre1@gmail.com

Email Address

Structure Owner / Contractor Signature:  Date: 04/02/19

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**