

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: Craig Coleman Phone: 910-286-6260

Owner (s) Mailing Address: 256 Golden Oaks Dr
Angier, NC 27501

Land Owner Name (s): same Phone: _____

Construction or Site Address: same

PIN # 0662-77-8920.000 Parcel # 040673 012513

Job Cost: 6863 Description of Work to be done Replace 3 ton HP
W/ATU in attic for 1st + 2nd 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: Planters Glen Lot #: 13

I Michael E Sam Services will provide the HVAC (mechanical) labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, 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 E Sam Services
Contractor's Company Name
4001 Atlantic Ave
Address
32412/19962
License #

919-390-1097
Telephone
permitsne@michaelsam.com
Email Address

Structure Owner / Contractor Signature:  Date: 4/15/19

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**