Application # EMRES1905-0026	
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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: Jos	sh & Lori Davis Phone: 910-644-2626			
Owner (s) Mailing Address:	36 Falling Water Rd.			
	Spring Lake, NC 28390			
Land Owner Name (s):				
	s:			
	Parcel #			
	/ droor ir			
Job Cost: \$6,540De:	scription of Work to be done cha	nge-out/install 3.5 ton split HR		
Mechanical: New Unit Wit	h Ductwork New Unit Witho	out Ductwork <u>✓</u> Gas Pip	oing Other	
	<200 Amp Service Change is Energy customers we need th		Other	
Plumbing: Water/Sew	er Tap Number of Baths	s Water Heater _		
Specific Directions to Job fro	om Lillington:			
Subdivision:		Lot #:		
	will provide the mechanical			
I am the building owner or n	ny NC state license number is 3	0377 , which	n entitles me to	
	bove structure legally. All work social laws, ordinances and regula		Building Code and all	
Sandhills Heating, Refrigeratio	n & Electrical	910-944-108	6	
Contractor's Company Name		Telephone		
PO Box 1341 Southern Pines, NC 28387			lisa@sandhillsheating.com	
Address		Email Addre	Email Address	
30377				
License #				
Structure Owner / Contracto	or Signature:	Da	ate: 06/05/2019	
By signing this application y	ou affirm that you have obtained	permission from the above	ve listed license holder	

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

the listed property for 12 months after completion of the listed work.