

Application # EMRES1905-0028

Harnett County Central Permitting
PO Box 66 Lillington, NC 27546 - Ph: 910-893-7825 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Bruce Lowery Phone: 919-588-0614

Owner (s) Mailing Address: 111 MOONEY DR
Fuquay Varina NC 27526

Land Owner Name (s): same Phone: _____

Construction or Site Address: _____

PIN # 0653-95-5436.000 Parcel # 080653 0105 54

Job Cost: 8597 Description of Work to be done Replace 2 ton HP
W/ATTU in crawl

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: Victoria Hills Lot #: 206

I Michael & Sm 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 & Sm services
Contractor's Company Name

4001 Atlantic ave
Address

32412
License #

919-390-1097
Telephone

permitsnc@michaelsandsm.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 5/20/17

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