

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: William White Phone: 910-922-3737

Owner (s) Mailing Address: 275 Hillandale Rd
Spring Lake 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 275 Hillandale Rd.

PIN # _____ Parcel # _____

Job Cost: 5,000.00 Description of Work to be done 2 TON SSAP
change out

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: South 210, Right on Overhills Rd,
Left on Lepoir Dr. Right on Robeson St
Left on Hillandale Rd.

Subdivision: _____ Lot #: _____

I Honest Air will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 34140, 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.

Honest Air
Contractor's Company Name
2026 Hope Hills Rd.
Address
34140
License #

910-849-8818
Telephone
Honestairfayetteville
Email Address @gmail

Structure Owner / Contractor Signature: [Signature] Date: 5-20-19

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

Application # _____

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Owner (s) of Structure: William White Phone: 910-922-3737

Owner (s) Mailing Address: 275 Hillandale Rd
Spring Lake NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 4200 Description of Work to be done 2 Ton SSHP Change out

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:
South on 210 Right on Overhills Rd Left on Lenior Dr
Right on Robeson St Left on Hillandale Rd

Subdivision: _____ Lot #: _____

I, Wo's Electric will provide the electrical 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.

Wo's Electric
Contractor's Company Name
575 Cope Rd Red Springs NC 28377
Address
196280
License #

910-850-5495
Telephone

Email Address

Structure Owner / Contractor Signature: Samantha Huggenbath Date: 3-20-19

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