

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: \$5,000⁰⁰ Description of Work to be done 2 1/2 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 210, Right on Overhills Rd, Left on Lenoir
Right on Hobeson St, Left on Hillandale

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 Mills Rd.
Address
34140
License #

910-849-8818
Telephone
Honestair-fayetteville
Email Address
@gmail.com

Structure Owner / Contractor Signature: [Signature] Date: 5-30-19

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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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 Millandale Rd
Spring Lake 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 275 Millandale Rd

PIN # _____ Parcel # _____

Job Cost: 4200 Description of Work to be done 2 1/2 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:

S 210 R on Overhills Rd L on Lenior
R on Robeson St Left on Millandale

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 196280, 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

910.850.5495
Telephone

575 Cope Rd Red Springs NC 28377
Address

Email Address

196280
License #

Structure Owner / Contractor Signature: Samatha Huggubetha Date: 5.30.19

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