

Application # _____

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: Carolyn Bell Phone: 919-672-8530

Owner (s) Mailing Address: 817 Heritage Way
Cameron NC 28326

Land Owner Name (s): Carolyn Bell Phone: 919-672-8530

Construction or Site Address: 817 Heritage Way

PIN # 9574-89-1834 Parcel # 099575 0186 66

Job Cost: 4500 Description of Work to be done replace 3 ton HP
W/ furnace + coil in utility closet

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: Heritage Village Lot #: E35

I Michael + Son will provide the HVAC + 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.

Michael + Son
Contractor's Company Name
4001 Atlantic Ave
Address
32412/19962
License #

919-390-1097
Telephone
permitsnc@michaelsandson.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 7/24/19

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**