

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: Bridget + Michael Ryback Phone: 756-508-5833

Owner (s) Mailing Address: 119 Pine Valley
Sanford, NC 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 5000.00 Description of Work to be done Goodman 3 ton 14 seer
split system heat pump

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: _____ 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 Mill RD
Address
34140
License #

910-849-8818
Telephone
Honestairdispatch@gmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 9.06.19

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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(Individual Trade Application)**

Owner (s) of Structure: Bridget + Michael Rybacki Phone: 256 508 5833

Owner (s) Mailing Address: 119 Pine Valley
Sanford NC 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 40 Description of Work to be done 3 ton SSMP 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:

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 Huggenboth Date: 9.6.19

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.

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