

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: Edward Jackson Phone: 910 286 7759

Owner (s) Mailing Address: 65 Lakeforest Trail Sanford

Land Owner Name (s): Edward Jackson Phone: 910 286 7759

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$15k Description of Work to be done: Replace 4 ton HP air handler in attic (whole home)

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 Jason Litvak will provide the Mechanical labor on this structure.
Michael & Son (Contractors Name) (Trade)

I am the building owner or my NC state license number is 32A12, 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
32A12/19962
License #

919390 1097
Telephone
Permitsnc@michaelandson.com
Email Address

Structure Owner / Contractor Signature: _____ Date: 5/19/20

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