

OFFICE COPY

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: Robert Piemonte Phone: 919-557-0004

Owner (s) Mailing Address: 101 Clearwater Harbour Sanford Nc 27332

Land Owner Name (s): Same Phone: Same

Construction or Site Address: Same

PIN # _____ Parcel # _____

Job Cost: 6402. Description of Work to be done Replace 3 ton Split Heatpump

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 Ideal Services will provide the Electrical + Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 27245 + 26983, 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.

Ideal Services Company
Contractor's Company Name

919-557-0004
Telephone

119 Thomas Mill Rd. Holly Springs, 27540
Address

Email Address
Brandon@IdealServices
Online C

27245 + 26983
License #

Structure Owner / Contractor Signature: Adam Ager Date: 6-15-2020

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