Application	#	
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## **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:	Danny Gargano		Phone: 210-216-8756
Owner (s) Mailing Addr	ess: 45 School side I	Orive	
, ,	Spring Lake, N	C 28390	
Land Owner Name (s): same		Phone:	
Job Cost:	_Description of Wo	ork to be done <u>Install I</u>	mini split on 3rd floor
Mechanical: New Un	it With Ductwork	_ New Unit Without	t Ductwork Gas Piping Other
		_ Service Change _ omers we need the p	Service Reconnect Other premise number
Plumbing: Water/	/Sewer Tap	Number of Baths _	Water Heater
Specific Directions to J In Anderson Creek	-		
			Lot #:
Robert Phillips	will provide	e the HVAC	labor on this structure.
I am the building owne	r or my NC state lic	ense number is $\frac{344}{1}$	60/SPPH33565 , which entitles me to
perform such work on	the above structure	legally. All work sh	all comply with the State Building Code and
other applicable State	and local laws, ordi	inances and regulati	ions.
Service Edge Heating & Air		910-984-1095	
Contractor's Company	Name		Telephone
			info@serviceedgeair.com
Address			Email Address
34460/SPPH33565 License #		$\alpha$	\/,
	/	VIII 191	
Structure Owner / Con	tractor Signature:	My Afth	Date: 2-3-2021
B 1 1 11 11	C	. W / L	امط ممسمنا لمطورا ويتمام مطلا مستسلامينا متاهدا

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.