

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: Donna Walker Phone: 910 814 2153

Owner (s) Mailing Address: 142 Ariel St Lillington 27546

Land Owner Name (s): Donna Walker Phone: 910 814 2153

Construction or Site Address: 142 Ariel St

PIN # _____ Parcel # _____

Job Cost: \$6023 Description of Work to be done replace 2 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 Michael and Son will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32412/19962 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 and Son
Contractor's Company Name
4011 Atlantic Ave
Address
32412
License #

9193901097
Telephone
permitsnc@michaeland
Email Address
son.com

Structure Owner / Contractor Signature: [Signature] Date: 2/4/2021

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**