

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: CHRISTOPHER DECOSTA Phone: 401-297-9302

Owner (s) Mailing Address: 495 WHISPERING PINES DR
SPRING LAKE

Land Owner Name (s): CHRISTOPHER DECOSTA Phone: 401-297-9302

Construction or Site Address: 495 WHISPERING PINES DR

PIN # _____ Parcel # _____

Job Cost: 7117.00 Description of Work to be done _____
C/O LIKE FOR LIKE 2 TON SPLIT HP & RECONNECT LOCATED IN CRAWL SPACE

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 GARY BULLARD will provide the MECHANICAL / ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23549 / 32340, 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.

CAROLINA AIR INC / CAROLINA POWER & GENERATORS INC
Contractor's Company Name
3700 HWY 15-501
Address
23549 / 32340
License # _____

910-947-7707
Telephone
kelly@carolinaair.com
Email Address

Structure Owner / Contractor Signature:  Date: 2/25/21

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**