

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: Ronnie Womack Phone: 910.890.4188

Owner (s) Mailing Address: 7919 Old US 421 Lillington NC 27546

Land Owner Name (s): Ronnie Womack Phone: 910.890.4188

Construction or Site Address: same

PIN # _____ Parcel # _____

Job Cost: 7000 Description of Work to be done Change out 4 ton heat pump and Air Handler

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:

Drive old us 421 N 12 miles. Address located on left Electrical Reconnect by
A-L Mckenzie Electrical Co. 919-353-2134

Subdivision: _____ Lot #: _____

I Michael Thomas will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, 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.

AirMedics Heating & Cooling
Contractor's Company Name
PO Box 527 Mamers NC 27552
Address
19490
License # _____

910.814.2555
Telephone
airmedics99@gmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 2/22/2021

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**