

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: Southern Oaks Realty LLC Phone: 9196598805

Owner (s) Mailing Address: 4208 Olive Branch Ln,
New Hill NC 27562

Land Owner Name (s): Leslie Fletcher Phone: 9196598805

Construction or Site Address: 2451 kipiling rd Fuquay Varina

PIN # _____ Parcel # 0643-23-2131.000

Job Cost: _____ Description of Work to be done Upstairs Split system heatpump replacement located in Crawlspcace

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:

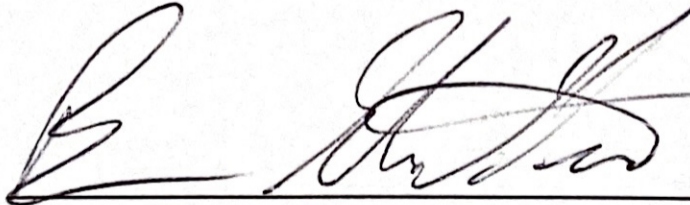
Subdivision: _____ Lot #: _____

I Ben Stoddard will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 34491, 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.

Revive Heating and Cooling Inc
Contractor's Company Name
8809 Sprouted Lane
Address
34491
License # _____

9196598805 / 602.799.8745
Telephone
ben@revivehvac.com
Email Address

Structure Owner / Contractor Signature:  Date: 4/12/21

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**