Application #	olication #	
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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:	PAUL HINKLE	Phone: 919-770-3141
Owner (s) Mailing Addr	ess: 5365 ROSSER P	ITTMAN RD
(5) 1111111197 111111	SANFORD	
I and Owner Name (s):	PAUL HINKLE	Phone: 919-770-3141
Land Owner Name (s): Construction or Site Ad	Idrose: 5365 ROSSER	PITTMAN RD
PIN#		Parcel #
Joh Cost. 9789.00	Description of Worl	k to be done
C/O LIKE FOR LIKE 3.5		
Mechanical: New Uni	it With Ductwork	New Unit Without Ductwork <u>✓</u> Gas Piping Other
Electrical*: 200 Amp	ogress Energy custor	Service Change Service Reconnect Other mers we need the premise number
Plumbing: Water/	Sewer Tap	Number of Baths Water Heater
Specific Directions to J	ah fram Lillington:	
Specific Directions to 3	OD NOM EMMIGLOM.	
Subdivision:		Lot #:
GARY BULLARD	will provide	the MECHANICAL / ELECTRICAL labor on this structure.
(Contractors N	lame)	(Trade)
I am the building owne	r or my NC state lice	nse number is 23549 / 32340, which entitles me to
perform such work on t	the above structure le	egally. All work shall comply with the State Building Code and a
other applicable State		
CAROLINA AIR INC / CA		
Contractor's Company	Name	Telephone
3700 HWY 15-501		kelly@carolinaair.com
Address 23549 / 32340		Email Address
	-	
License #		
Structure Owner / Con	tractor Signature:	Date: 5/5/21
By signing this applical	ion you affirm that yo	ou have obtained permission from the above listed license holde
purchase permits on the	eir behalf. If doing the	e work as owner you understand that you cannot rent, lease or pletion of the listed work.
the haten broberty 101 1	L monus alter comp	vienou à nue noted aouv.

*Company name, address, & phone must match information on license