

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: Leslie Boomer Phone: 910 539 4327

Owner (s) Mailing Address: 5457 MARVIN DR.
SPRING LAKE, NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done
C/O two 1-1/2 ton STP + two 1 1/2 ton Duct

Mechanical: New Unit With Ductwork 2 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 #: _____

All Seasons will provide the HVAC / ELECTRIC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 24109/L-31172 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.

All Seasons AC & Htg
Contractor's Company Name
3981 Cumberland Rd.
Address
24109/L-31172
License #

910 808 0200
Telephone
Comfort@allseasons
Email Address acandhtg.com

Structure Owner / Contractor Signature:  Date: 5/18/21

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