

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: Brenna Ruh Phone: 910-228-4988

Owner (s) Mailing Address: 325 Kingsbrook Circle
Fuquay Varina NC 27526

Land Owner Name (s): Brenna Ruh Phone: 910-228-4988

Construction or Site Address: 325 Kingsbrook Circle, Fuquay Varina

PIN # _____ Parcel # _____

Job Cost: \$13,956 Description of Work to be done Change out upstairs and
down stairs heat pump systems

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:

Front to Main Street R to 401N R2 to Christian Light L
to Kingsbrook

Subdivision: Forest Trails Lot #: 20

I Brian Klein will provide the mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 28810, 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.

Airtight Heating and Air Conditioning Inc.
Contractor's Company Name
390 Rocky Water Dr. Fuquay Varina NC
Address

919-621-0324
Telephone
info@airtighthvac.NET
Email Address

License # _____

Structure Owner / Contractor Signature: Brian Klein Date: 6/8/21

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

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Owner (s) of Structure: Brenna Ruh Phone: 910-228-4988

Owner (s) Mailing Address: 325 Kingsbrook Circle F
Fuquay Varina NC 27526

Land Owner Name (s): Brenna Ruh Phone: 910-228-4988

Construction or Site Address: 325 Kingsbrook Circle Fuquay Varina

PIN # _____ Parcel # _____

Job Cost: \$100 Description of Work to be done reconnect electrical

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect X 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:

Front to Main St R to 401N L to Christian Light L
to Kingsbrook R

Subdivision: Forest Trails Lot #: 20

I Randy Cook will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 18967, 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.

Cook's Electric of NC, Inc.

Contractor's Company Name
8100 Stillbreeze Dr. Fuquay Varina NC

Address
18967

License #

919-557-3460

Telephone

Email Address

Structure Owner / Contractor Signature: Kevin I Ken Date: 6/8/21

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