

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: Bill Bryan Phone: 910-289-5864

Owner (s) Mailing Address: 310 Mary Lee Ln.
Fuquay Varina, NC 27526

Land Owner Name (s): Bill Bryan Phone: 910-289-5864

Construction or Site Address: 310 Mary Lee Ln Fuquay Varina NC 27526

PIN # _____ Parcel # _____

Job Cost: \$5750⁰⁰ Description of Work to be done Replace 1st Floor heat pump and air handler in crawl space

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 Marcus Woodring will provide the Mechanical & Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 34865/SP.PH.34510 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.


Elevation Heating and Cooling
Contractor's Company Name

919-762-6566
Telephone

943 Blue Garden Ln. Willow Spring NC 27592
Address

support@elevationcomfort.com
Email Address

34865/SP.PH.34510
License #

Structure Owner / Contractor Signature:  Date: 6-18-21

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**