

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: Lisa L. Grandy Phone: 910-465-9384

Owner (s) Mailing Address: 539 Valley Rd
Spring Lake, NC 28390

Land Owner Name (s): same Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 6500 Description of Work to be done install ductless HVAC

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 Service Edge Heating & Air will provide the HVAC/electric labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 34460/SPPH 33565, 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.

Service Edge Heating & Air
Contractor's Company Name
135 Our Way, Linden, NC 28356
Address
34460/SPPH 33565
License # _____

910-984-1095
Telephone
info@serviceedgeair.com
Email Address

Structure Owner / Contractor Signature:  Date: 6-27-21

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**