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 S	Structure: BILLY HENDERSON	Phone: ⁹¹⁰⁻⁹⁶⁴⁻⁷⁸⁴⁵
Owner (s) Ma	iling Address: 412 SWAN ISLAND CT., SANF	ORD, NC 27332
Land Owner N	Name (s):	Phone: NC 27332
Construction of	or Site Address: 96 PORT TACK, SANFORD,	NC 27332
PIN #	Parcel #	\\.
	Description of Work to be done_GSTING DUCT SYSTEM	GAS PACK CHANGE OUT WITH EXISTING GAS
Mechanical:	New Unit With Ductwork New Unit Wi	thout Ductwork Gas Piping Other
Electrical*:	200 Amp <200 Amp Service Char * For Progress Energy customers we need	ge Service Reconnect <a> Other the premise number
Plumbing:	Water/Sewer Tap Number of Ba	ths Water Heater
Specific Direct	ions to Job from Lillington:	
Subdivision: _		Lot #:
NATHAN HALI	L // DOUG NEW will provide the MECHANIC ractors Name)	CAL // ELECTRICAL labor on this structure.
I am the buildir	ng owner or my NC state license number is	13330 // 5119-U , which entitles me to
perform such w	vork on the above structure legally. All wor	s shall comply with the State Building Code and al
other applicable	e State and local laws, ordinances and reg	ulations.
NATHAN'S HEA	TING & A/C, INC.	910-482-0122
Contractor's Company Name		Telephone
727 100 200	RD., FAYETTEVILLE, NC 28306	NATHANSHVAC@GMAIL.COM
Address 13330		Email Address
License #		
331.133 π	2/11	1/ /
Structure Owne	er / Contractor Signature:	Date: 12-01-2021

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