Application #	
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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: Byet Kuchmy	_Phone: 585 - 737 - 7469
Owner (s) Mailing Address: 303 Falling Water & C	1
Springlake, NC 28	
Land Owner Name (s):	Phone:
Construction or Site Address:	
PIN # Parcel #	
Job Cost: Description of Work to be done Co 3.5 reconnect electric to HVAC system	ton heat pump
Mechanical: New Unit With Ductwork New Unit Without Ductwo	rk Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service * For Progress Energy customers we need the premise	ice Reconnect Other 🗶
Plumbing: Water/Sewer Tap Number of Baths N	
Specific Directions to Job from Lillington:	
Subdivision:Lot #:	
All Seasons AC & Heating will provide the Mechanical / Electical (Contractors Name) (Trad I am the building owner or my NC state license number is L-22256 / L- / perform such work on the above structure legally. All work shall comply other applicable State and local laws, ordinances and regulations.	9800_, which entitles me to
All Seasons AC & Heating	(910)868-6206
Contractor's Company Name	Telephone
PO Box 48646 Cumberland, NC 28331	comfort@allseasonsacandhtg.com
Address	Email Address
L-22256 License #	
Election #	
Structure Owner / Contractor Signature: Kemath Down	Date: _ \$ - 5-22
By signing this application you affirm that you have obtained permission	

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.