Application #_	

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 - Physical Address - 420 McKinney PKWY Lillington NC 27546 Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

		Phone: 910.966.8307		
Owner (s) Mailing Address:_	51 BYRD GRIFFIN LN,	BROADWAY, NC		
Land Owner Name (s):	WANDA BYRD	Phone: 910.366.8307		
		#		
Job Cost (Required): 5500	Description of Work to	be done 2T HP CHANGEOUT		
Mechanical: New Unit With	Ductwork New Unit \	Vithout Ductwork X Gas Piping Other		
	<200 Amp Service Chase Energy customers we need	ange Service Reconnect Other ed the premise number		
Plumbing: Water/Sewe	r Tap Number of E	Baths Water Heater		
Specific Directions to Job fro	m Lillington:			
Subdivision:		Lot #:		
SOLOMON MARYLAND (Contractors Name)	will provide theMECH	IANICAL labor on this structure.		
I am the building owner or my NC state license number is 22114, which entitles me to				
perform such work on the ab	ove structure legally. All w	ork shall comply with the State Building Code and al		
other applicable State and lo	cal laws, ordinances and re	egulations.		
SOLOMON MARYLAND	HVAC	252.883.1841		
Contractor's Company Name		Telephone		
1629 W. RALEIGH BLVE Address), ROCKY MOUNT, 2780	solomon.maryland@yahoo.com Email Address		
_22114 License #				
Structure Owner / Contractor	· Signature:	Date:		

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

Faxed or Mailed application could have an approximately 1-5 day process time