

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: Kenneth Smith Phone: 9194989120

Owner (s) Mailing Address: 15 Castle Rock Drive
Saunders, NC 27332

Land Owner Name (s): Kenneth Smith Phone: 9194989170

Construction or Site Address: 15 Castle Rock Drive

PIN # _____ Parcel # _____

Job Cost: \$8,114.00 Description of Work to be done: Replace Heat Pump 2 ton
Air handler in Attic (2nd floor)

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: The Summit Neighborhood Lot #: _____

I Michael and Son Services will provide the Hvac labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, 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.

Michael and Son Services 9192671463

Contractor's Company Name 4001 Atlantic Ave Raleigh 27604 Telephone Permitsnc@michaelandson.com

Address 19962/33291 Email Address

License # _____ Structure Owner / Contractor Signature [Signature] Date: 2/3/2023

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