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: STEPHANIE HANLON		Phone: 814-935-1818		
Owner (s) Mailing Address: 399 FALLING WATER RD				
.,	SPRING LAKE			
Land Owner Name (s	): STEPHANIE HANLON	Phone: 814-935-1818		
Construction or Site Address: 399 FALLING WATER RD				
		1#		
Job Cost: 8600.00	Description of Work to be don	9		
	TON HP & RECONNECT. LOCATE			
Mechanical: New U	nit With Ductwork New Unit	Without Ductwork <u>✓</u> Gas Piping Other		
	np <200 Amp Service Ch rogress Energy customers we ne	nange Service Reconnect Other ed the premise number		
Plumbing: Water	r/Sewer Tap Number of	Baths Water Heater		
Specific Directions to	Job from Lillington:			
Subdivision:		Lot #:		
ERNEST JOHNSON	will provide the MECHA	NICAL / ELECTRICAL labor on this structure.		
ERNEST JOHNSON   will provide the   MECHANICAL / ELECTRICAL   labor on this structure.   (Contractors Name)				
I am the building owner or my NC state license number is 34838 / 32340 , 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.				
CAROLINA AIR INC / C	AROLINA POWER & GENERATOR	S INC 910-947-7707		
Contractor's Company Name		Telephone		
3700 HWY 15-501		candace@carolinaair.com		
Address		Email Address		
34838 / 32340 License #				
	/ n	, ,		
Structure Owner / Cor	ntractor Signature: <u>E</u>	Date: 27/8023		

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.