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: David Daniels	Phone: 910-893-4586
Owner (s) Mailing Address: 20 Weeping Pine Ct Spring Lake 283	90
Land Owner Name (s):	
Construction or Site Address:	
PIN # Parcel #	
Job Cost: 15160 Description of Work to be done C/O & R/C	
Attic/Who	ole house-like for like
Mechanical: New Unit With Ductwork New Unit Without Ductw	ork Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service   * For Progress Energy customers we need the premise	rvice Reconnect Other e number
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington:	
Subdivision:Lot	
Subdivision:Edit	m
Comfort First Heating and Cooling will provide theElectrical/Mechanica	labor on this structure
(Contractors Name) (Tra	ade)
I am the building owner or my NC state license number is 18855/21474	, which entitles me to
perform such work on the above structure legally. All work shall comp	
other applicable State and local laws, ordinances and regulations.	,
other applicable state and local laws, ordinarious and regulations	25
Comfort First Heating and Cooling	919-569-5161
Contractor's Company Name	Telephone
7001 Lark Lane Sanford NC 27332	installadmin@yourcomfortfirst.com
Address	Email Address
18855/21474	
License #	
Structure Owner / Contractor Signature: Comfort First Heating and Cooling	
By signing this application you affirm that you have obtained permission purchase permits on their behalf. If doing the work as owner you under the listed property for 12 months after completion of the listed work.	on from the above listed license holder erstand that you cannot rent, lease or s

\*Company name, address, & phone must match information on license