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) o	f Structure: Kelly Spann	Phone: 843-709-7376
Owner (s) M	Mailing Address: 400 Orchar	d Falls Dr, Spring Lake NC 28390
OWNER (3) W	laming Address.	
Land Owner	Name (s): Kelly Spann	Phone: 843-709-7376
Construction	or Site Address: 400 Orch	ard Falls Dr, Spring Lake NC 28390
		Parcel #
1 114 #	,	T diodi #
Job Cost: 2	,742 Description of Wor	k to be done
C/O	& R/C 3.5 Ton Heat Pum	p & Air Handler located in the crawlspace - Like for like
Mechanical:	New Unit With Ductwork	New Unit Without Ductwork Other
Electrical*:	200 Amp <200 Amp * For Progress Energy custor	Service Change Service Reconnect Other mers we need the premise number
Plumbing:	Water/Sewer Tap	Number of Baths Water Heater
Specific Dire	ctions to Job from Lillington:	
Subdivision:		Lot #:
- Casarriolorii		*
i Jimmv Pier	rce/Joel Worsham will provide	the mechanical/electrical labor on this structure.
(Cor	ntractors Name)	(Trade)
I am the build	ding owner or my NC state licer	nse number is 18855/21474 , which entitles me to
		egally. All work shall comply with the State Building Code and all
	ble State and local laws, ordina	
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	t Heating and Cooling	919-569-5161
Contractor's Company Name		Telephone installadmin@yourcomfortfirst.com
7001 Eark Earle, Garriera 140 27002		
Address 18855/21474		Email Address
License #		
		*
Structure Ow	ner / Contractor Signature: 🖵	immy Pierce & Joel Worsham Date: 9/19/23
By signing thi	is application you affirm that yo	d have obtained beimission from the above listed license holder t
purchase per the listed pror	mits on their behalf. If doing the perty for 12 months after comp	e work as owner you understand that you cannot rent, lease or se letion of the listed work.

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