Harnett County Central Permitting

Malling 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)

Owner (s) of Structure: <u>KNU ISTEN</u> Zilgenfus	SPhone: 910	7-935-5976
Owner (s) Mailing Address: 14 Fair Vien/		
Land Owner Name (s):		
Construction or Site Address:		
PIN # Parcel #		
Job Cost (Required): \$550 Description of Work to be do	ne <u>hvac Chang</u> a	but/3 ton
Mechanical: New Unit With Ductwork New Unit Withou		
Electrical*: 200 Amp <200 Amp Service Change * For Progress Energy customers we need the	Service Reconnect premise number	at Other
Plumbing: Water/Sewer Tap Number of Baths	Water Heater	
Specific Directions to Job from Lillington:		
Subdivision:	EAC RELIGION	
I Roy F. Mills III will provide the Med (Contractors Name)	;hanical (Trade)	labor on this structure.
I am the building owner or my NC state license number is	28280	which entitles me to
perform such work on the above structure legally. All work si		
		ate building oode and an
other applicable State and local laws, ordinances and regulat	JOHS.	
King Heating & Air	919-8	895-3600
Contractor's Company Name	Telephone	
232 Wilson Rd., Sanford NC 27332 Address	kinghtgair Email Add	r1895@gmail.com Iress
28280		
License #	Millett	11. 100
Structure Owner / Contractor Signature:	/Mercan	Date: 11/27/23
By signing this application, you affirm that you have obtained permission from behalf if doing the work as owner you understand that you cannot rent, leas	n the above listed license ho	older to purchase permits on their

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

listed work.

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

Application	Ħ	
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Ph.: 910-893-7525 - Fax: 910-893-2793 / www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure:	en Zilaenfuss Phone: 919-935-5976
Owner (s) Mailing Address: 14 F	
Land Owner Name (s):	Phone:
Construction or Site Address:	
PIN #	Parcel #
Job Cost (Required): 4552 Descr Motpump Split - mobile M	iption of Work to be done Wac Chargeout 18 ton
Mechanical: New Unit With Ductwork	New Unit Without Ductwork X Gas Piping Other
	Service Change Service Reconnect Other ustomers we need the premise number
Plumbing: Water/Sewer Tap	Number of Baths Water Heater
Specific Directions to Job from Lillingto	<u>n</u> :
Subdivision:	Lot #:
	ride the <u>Fletvical</u> labor on this structure.
I am the building owner or my NC state	license number is 32452 , which entitles me to
perform such work on the above struction	re legally. All work shall comply with the State Building Code and all
other applicable State and local laws, o	rdinances and regulations.
NPC+ Electrical	910-363-2825
Contractor's Company Name (A) DI RELVET Dr. SOMFOR	Telephone Viscolater XOE constitution
NA OF FOR VET Dr. SWITTON Address	NC 27332 <u>Linghtgair 1895 agmail.</u> Con
30452	Email / Marcos
License #	
Structure Owner / Contractor Signature	
By signing this application you affirm the ourchase permits on their behalf. If doin	at you have obtained permission from the above listed license holder to g 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