

Application # _____

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: Diana McCollum Phone: 919-353-7678

Owner (s) Mailing Address: 139 Smithwood Drive
Fuquay-Varina NC 27526

Land Owner Name (s): Diana McCollum Phone: 919-353-7678

Construction or Site Address: 139 Smithwood Drive, Fuquay-Varina NC 27526

PIN # _____ Parcel # _____

Job Cost: 2500 Description of Work to be done HVAC Changeout like for like of the existing system with a 2.5-ton split heat pump system, located in the crawlspace, disconnect existing unit and connecting the replacement system to existing electrical connections

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: _____ Lot #: _____

I Thermo Direct (Marc Kelly) will provide the electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 29609, 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.

Thermo Direct
Contractor's Company Name
4901 Trademark Drive, Raleigh NC 27610
Address
29609-4
License #

919-771-2665
Telephone
homeprojects@thermodirectinc.com
Email Address

Structure Owner / Contractor Signature: *Marc Kelly* Date: _____

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**

Application # _____

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: Diana McCollum Phone: 919-353-7678

Owner (s) Mailing Address: 139 Smithwood Drive
Fuquay-Varina NC 27526

Land Owner Name (s): Diana McCollum Phone: 919-353-7678

Construction or Site Address: 139 Smithwood Drive, Fuquay-Varina NC 27526

PIN # _____ Parcel # _____

Job Cost: 2500 Description of Work to be done HVAC Changeout like for like of the existing system
with a 2.5-ton split heat pump system, located in the crawlspace

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:

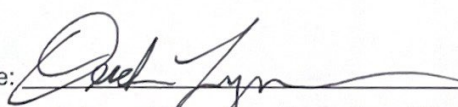
Subdivision: _____ Lot #: _____

I Thermo Direct (Derek Lynn) will provide the mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23462, 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.

Thermo Direct
Contractor's Company Name
4901 Trademark Drive, Raleigh NC 27610
Address
23462 H-3
License #

919-771-2665
Telephone
homeprojects@thermodirectinc.com
Email Address

Structure Owner / Contractor Signature:  Date: _____

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**