Application #	
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Harnett County Central Permitting
420 McKinney Pkwy / PO Box 65 Lillington, NC 27546 – centralpermitting@harnett.org
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: Joy LLOYD Phone:_	919-770-2281
Owner (s) Mailing Address: 945 CALVARY CHURCH RD	
SANFORD NC 27332	
Land Owner Name (s): Phone:	
Construction or Site Address: 945 CALVARY CHURCH RD	
PIN # Parcel #	
Job Cost (Required): 11,093 Description of Work to be done c/o LIKE 3 TON HP PACKAGE UNIT FRECONNECT	FOR LIKE
S TON HP PACKAGE UNIT & RECONNECT	
Mechanical: New Unit With Ductwork New Unit Without Ductwork Ga	as Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service Recon * For Progress Energy customers we need the premise number	nect Other
Plumbing: Water/Sewer Tap Number of Baths Water Hea	iter
Specific Directions to Job from Lillington:	
	A1
Subdivision:Lot #:	
<u>ERNEST JOHNSON</u> will provide the <u>MECHANICAL</u> lab (Contractors Name) (Trade)	oor on this structure.
I am the building owner or my NC state license number is 3 4 8 3 8	
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 HEATING & COOLING 910	-947-7707
Contractor's Company Name Telepho	-947-7707 one
3700 HWY 15-50/ CARTHAGE NC 28327 KELLY	(D CAROLINAAIR. COM
Address Email A	\ddress
Structure Owner / Contractor Signature:	Date:6/26/24
By signing this application you affirm that you have obtained permission from the purchase permits on their behalf. If doing the work as owner you understand that the listed work	above listed license holder to you cannot rent, lease or sel

*Company name, address, & phone must match information on license Faxed or Mailed application could have an approximately 1-5 day process time