

**Harnett County Central Permitting**  
 PO Box 65 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: April Coble Elic Phone: 910-890-5051

Owner (s) Mailing Address: 416 Coble Lakes Estate

Land Owner Name (s): Lillington, NC 27546 Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

Job Code: 91000 Description of Work to be done: EQUIPMENT CHANGE OUT

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:  
EQUIPMENT CHANGE OUT AND RE CONNECT ELECTRICAL

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I TRIANGLE HEATING & AIR will provide the HVAC CHANGE OUT labor on this structure.  
 (Contractors Name) \_\_\_\_\_  
 I am the building owner or my NC state license number is 25537 / 29812-L, 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.

TRIANGLE HEATING AND AIR, INC  
 Contractor's Company Name  
 PO BOX 1833 ANGLER, NC 27501  
 Address  
 25537 / 29812-L  
 License #

Structure Owner / Contractor Signature: \_\_\_\_\_  
 Date: 7-11-04

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 # \_\_\_\_\_