Application m	
	*

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: MAURICE REED & ERICA LEIRA	910-286-5530 Phone:
Owner (s) Mailing Address: 46 WILDER CIRCLE	2 0
SPRING LAKE NC 28390	
Land Owner Name (s): MAURICE REED & ERICA LEIR	A Phone: 910-286-5530
Construction or Site Address: 46 WILDER CIRCLE SPRING	
PIN # Parcel #	2
Job Cost: 12500 Description of Work to be done HVAC (REPLACE EXISTING SYSTEM. 2.5 TON HP SPLIT, DO REPLACE SUPPLY & RETURN PLENUMS, ATTIC/OUT Mechanical: New Unit With Ductwork New Unit Without Ducto Electrical*: 200 Amp <200 Amp _X Service Change Se * For Progress Energy customers we need the premise	work X Gas Piping Other ervice Reconnect X Other
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington:	
Subdivision:Lot	t #:
CAROLINA COMFORT AIR INC. (Contractors Name) (Contractors Name) (Tourish the building owner or my NC state license number is 29077/23	
(Contractors Name) (Ti	rade) 3988-l
perform such work on the above structure legally. All work shall com	nply with the State Building Code and all
other applicable State and local laws, ordinances and regulations.	
CAROLINA COMFORT AIR INC	919-550-7711
Contractor's Company Name	Telephone
5212 US HWY 70 BUS W CLAYTON NC 27520	retroteam@carolinacomfortair.cor Email Address
Address 29077/23988-L	Linai Address
License #	
Structure Owner / Contractor Signature:	07/09/2025 vens Date:
By signing this application you affirm that you have obtained permiss purchase permits on their behalf. If doing the work as owner you und	ion from the above listed licerise floider to

the listed property for 12 months after completion of the listed work.

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