

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: Kristin Grieve Phone: 919-221-5858

Owner (s) Mailing Address: 37 Darley Ct. Lillington NC 27546

Land Owner Name (s): Kristin Grieve Phone: 919-221-5858

Construction or Site Address: 37 Darley Ct. Lillington NC 27546

PIN # _____ Parcel # _____

Job Cost: 14,251 Description of Work to be done Install 20KW generator with 200 AMP Transfer Switch
Comfort First is completing gas piping and electrical - there will be no disconnection.

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 Comfort First Heating & Coolin will provide the MECHANICAL / ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 18855/ 21474, 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.

Comfort First Heating & Cooling
Contractor's Company Name
7001 Lark Lane, Sanford NC 27332
Address
18855 / 21474
License # _____

919-569-5161
Telephone
Installadmin@yourcomfortfirst.com
Email Address

Structure Owner / Contractor Signature:  Date: 10/5/2021

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