

Heating •Cooling •Indoor Air Quality

Address: 1139 Robeson St. Fayetteville NC Phone: (910)483-8790/ Fax: (910)483-8737 Email: Info@Capefearair.com Web:www.capefearair.com	28305
To: Harnett County	Date:
Company Name: Inspections / Permi Hing	Fax#:
From: rabin. Penny @ cape fearair.com	# of pages: (including Cover)
Notes: Please see the following Elec- Application for processing	trical permit
Application for processing	•
Please charge the following credit	courd:
Name: Dave Burks Visa # 4053013	1300607273
Exp: 03/25 Code: 634	

Thankyou!

Application #	<u> </u>	

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: Dan Larson Phone: 219-405-5969
Owner (s) Mailing Address: 2013 Joel Johnson Rd
Lillington NC 27546
Land Owner Name (s):Phone:
Construction or Site Address: 2013 Joel Johnson Rd Lillington NC 27346
PIN # <u>0 5 58 - 63 - 5641 666</u> Parcel #
Job Cost (Required): 2456 Description of Work to be done Running 100 amp Circuit
from Indoor panel to garage in back.
AND THE STREET OF LUCIC
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 #:
1 Cape Fear Electrical will provide the Electrical labor on this structure. (Contractors Name) (Trade)
I am the building owner or my NC state license number is 31418 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.
Capo Fear Electrical Services, Inc 910-483-8790 Telephone
1109 Robeson St. Fayetheville NCZ8305 robin. Demy e capetavair. um Address
31418L
License #
Structure Owner / Contractor Signature: Kolen Terry Date: 11 21 23

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

Faxed or Mailed application could have an approximately 1-5 day process time