

**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: Belle, Lequita Phone: 919 708 2440  
Owner (s) Mailing Address: 135 PEACHTREE LANE SANFORD 27332

Land Owner Name (s): Belle, Lequita Phone: 919 708 2440  
Construction or Site Address: 135 PEACHTREE LANE SANFORD 27332  
PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost (Required): 1,000 Description of Work to be done RUN GAS PIPING TO GENERATOR.

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 Micheal Wilson will provide the Mechanical Contractor labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21114, 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.

AILU Gas Piping LLC  
Contractor's Company Name  
7801 Fulghum Road, Sims, NC 27880  
Address  
21114  
License # \_\_\_\_\_

919 219 4751  
Telephone  
ailugaspiping@yahoo.com  
Email Address

Structure Owner / Contractor Signature: Micheal Wilson Date: 04/18/2024

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**

Application # \_\_\_\_\_

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Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: LEQUITA BELLA Phone: 919 708 2440

Owner (s) Mailing Address: 135 PEACHTREE LANE SANFORD 27332

Land Owner Name (s): Belle, Lequita Phone: 919 08 2440

Construction or Site Address: 135 PEACHTREE LANE SANFORD 27332

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

**Job Cost (Required):** 19,102 Description of Work to be done INSTALL A GENERAC 24 KW HOME STAND BY GENERATOR  
200 AMP AUTOMATIC TRANSFER. ELECTRICAL SERVICES CHANGE.

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 Dominic Casfso will provide the Electrical Work labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 36022, 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.

Generator Supercenter 919 925 3434  
Contractor's Company Name Telephone  
8601 Glenwood Avenue, Suite D Raleigh NC 27617 gsncraleigh@generatorsupercenter.com  
Address Email Address  
36022  
License #

Structure Owner / Contractor Signature:  Date: 04/18/2024

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

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