

Application # _____

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: Ryan Quinn Phone: 727-247-5519

Owner (s) Mailing Address: 467 John Stark Dr
Fuquay Varina NC 27526

Land Owner Name (s): Ryan Quinn Phone: _____

Construction or Site Address: 467 John Stark Dr. Fuquay Varina NC 27526

PIN # _____ Parcel # _____

Job Cost (Required): 14,000 Description of Work to be done Installing 24kW generator with A 200 amp service

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:

Coming from Naylor's Road side market on 401 take 401 turn right on John Stark Dr.

Subdivision: New build KB division Lot #: _____

I Hal B. Farthing III will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 13673, 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.

Powermaster Electric Inc.
Contractor's Company Name

311 Jar Co Dr. Fuquay Varina NC
Address

13673
License #

919-557-4477
Telephone

admin@powermasterelectric.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 04-07-2025

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

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

Owner (s) of Structure: Ryan Quinn Phone: 727-247-5519

Owner (s) Mailing Address: 467 John Sturt Dr.
Fuquay Varina NC 27526.

Land Owner Name (s): Ryan Quinn Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): _____ Description of Work to be done _____

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 Mike Wilson will provide the Mechanical 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 Rd. Sims NC 27880
Address

21114
License #

919-219-4751
Telephone

ailugaspiping@yahoo.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 04/14/2025

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