

**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: Beacon Rescue Mission Phone: 919-820-2311

Owner (s) Mailing Address: 207 West Broad St.  
Dunn, NC 28334

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: 1456 NC 55 West Coats

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

Job Cost: 1000<sup>00</sup> Description of Work to be done Replace Existing HVAC with 2 mini splits (customer supplied equipment)

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:

SS out at Coats Toward Grwin

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I INDOOR Comfort Sys will provide the Mech labor on this structure.  
(Contractors Name) (Trade)

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

INDOOR Comfort Systems LLC  
Contractor's Company Name

910-897-1853  
Telephone

PO Box 1714 Dunn, NC 28335  
Address

\_\_\_\_\_  
Email Address

17615 / 26146  
License #

Structure Owner / Contractor Signature: [Signature] Date: 2-14-20

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**