

**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: LONNETT CULBRETH Phone: 910-824-8300

Owner (s) Mailing Address: 67 ROSE CLARK CIRCLE  
SPRING LAKE, NC 28390

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

Construction or Site Address: \_\_\_\_\_

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

Job Cost: \$6,800.00 Description of Work to be done CHANGE OUT AIR HANDLER AND HEAT PUMP CONDENSOR

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: GO N/O TOWARD SPRING LAKE TURN  
LEFT ONTO BETHEL BAPTIST ROAD TURN  
LEFT INTO ROSE CLARK CIRCLE

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

I NORMAN'S HEATING AND COOLING LLC will provide the MECHANICAL labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 29428, 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.

NORMAN'S HEATING AND COOLING LLC 919-410-1846  
Contractor's Company Name Telephone

1125 BRIDLEMING DR. FURRY VARDNA, NC 27524 ronaldnorman@live.com  
Address Email Address

29428  
License #

Structure Owner / Contractor Signature:  Date: 30 OCTOBER 2012

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

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

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Owner (s) of Structure: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner (s) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Construction or Site Address: \_\_\_\_\_

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

Job Cost: \$500.00 Description of Work to be done: Reconnect to air handles and AC

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 Jack Roberson will provide the Electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 8900, 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.

Jack & Roberson 252 879 1966  
Contractor's Company Name Telephone

1715 Black Road Robersonville, NC  
Address Email Address

8900  
License #

Structure Owner / Contractor Signature: Kenny Roberson Date: 10/30/18

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**