

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: LILLIAN FERRELL Phone: 910-893-4802

Owner (s) Mailing Address: 20 MURCHISON LANE
LILLINGTON, NC 27544

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$5,000.00 Description of Work to be done CHANGE OUT PACKAGED HEAT PUMP

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 ON NC 210 BEAR RIGHT ONTO NC 210
TURN RIGHT ONTO IRENE ROBERTS ROAD TURN LEFT ONTO SHANTOWN ROAD
TURN RIGHT ONTO MURCHISON LANE

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 29498, 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 919-410-1866
Contractor's Company Name Telephone
1135 BRIDLEMING DR. FURWAY VARINA, NC 27526 ronaldnorman@live.com
Address Email Address
29498 H-3-1
License #

Structure Owner / Contractor Signature:  Date: 26 NOVEMBER 2018

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

Owner (s) of Structure: _____ Phone: _____

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$600 Description of Work to be done Reconnect to packaged heat pump

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 Stad 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.

Stad Roberson
Contractor's Company Name

252-819-1966
Telephone

1715 Stad Rd. Robersonville, NC 27891
Address

Email Address

8900
License #

Structure Owner / Contractor Signature: Kenny Roberson Date: 11/26/18

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**