

Application # MRES1812-0023

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: MICHAEL NORTON Phone: 919 498-2421

Owner (s) Mailing Address: 107 HIGHMEADOW DR.
CAMERON 28326

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 107 HIGHMEADOW DR.

PIN # 9576-63-4066-000 Parcel # 039577 010350 / RA720R

Job Cost: _____ Description of Work to be done _____
CHANGE OUT SPLIT HEAT PUMP FOR DOWNSTAIRS. AIR HANDLER IN CRAWL

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 MARK-AIR/ALLMAN ELEC. will provide the MECHANICAL/ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 15874/6136U, 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.

MARK-AIR, INC./ALLMAN ELECTRIC
Contractor's Company Name
PO BOX 41104 FAYETTEVILLE, NC 28309
Address
15874/6136U
License # _____

910 484-6565
Telephone
MARKAIRINC@NC.RR.COM
Email Address

Structure Owner / Contractor Signature:  Date: 12/17/2018

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