

MRES1904-
0033

Owner (s) of Structure: Crystal Johnson Phone: 910-890-16127
Owner (s) Mailing Address: 72 Medical Center Rd.
Lillington NC 27546
Land Owner Name (s): Crystal Johnson Phone: 910-890-16127
Construction or Site Address: 72 Medical Center Rd. Lillington NC 27546
PIN # _____ Parcel # _____

RA-30

Job Cost: \$7,714.85 Description of Work to be done: 35 ton 14seer 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, Millard Taylor will provide the Mech & Elect. labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is M-31596, 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.

72 Degrees
Contractor's Company Name
34109 Apex Parkway Apex NC 27502
Address
E-31943
License #

919-777-9777
Telephone
Customair@outlook.com
Email Address

Structure Owner / Contractor Signature: Amber Reed Date: 4/16/19

By signing this application you affirm that you have obtained permission from the above listed license holder purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license



Cash Register Receipt

Harnett County

Receipt Number
R3058

DESCRIPTION	QTY	PAID
PermitTRAK		\$90.00
MRES1904-0033 Address: 72 MEDICAL CENTER RD APN: 0610-97-5225.000		\$90.00
RESIDENTIAL MECHANICAL FEES		\$90.00
UP TO 2 UNIT REPLACEMENT	0	\$90.00
TOTAL FEES PAID BY RECEIPT: R3058		\$90.00

Date Paid: Wednesday, April 17, 2019

Paid By: 72 DEGREES HEATING & AC

Cashier: LL

Pay Method: EMV 32800G|239602284





MECHANICAL RESIDENTIAL

910-893-7525

www.harnett.org

PERMIT NUMBER

MRES1904-0033

JOB ADDRESS: 72 MEDICAL CENTER RD	PERMIT SUBTYPE: UP TO 2 UNIT REPLACEMENT INCLUDES ELECTRICAL	PARCEL NO: 0610-97-5225.000
DESCRIPTION: Pkgd Ht Pump	DATE ISSUED:	DATE EXPIRED:
PLAN NAME:	ZONING DISTRICT: RA-30 - 0.52 acres (100.0%)	

APPLICANT: 72 DEGREES HEATING & AC 7132 BROWN SUMMIT RD BROWNS SUMMIT, NC 27332	PHONE: (919)777-9777 EMAIL: CUSTOMAIR@OUTLOOK.COM
CONTRACTOR: 72 DEGREES HEATING & AC 7132 BROWN SUMMIT RD BROWNS SUMMIT, NC 27332	PHONE: (919)777-9777 EMAIL: CUSTOMAIR@OUTLOOK.COM
OWNER: JOHNSON CHRYSTAL LAYNE 72 MEDICAL CENTER RD LILLINGTON, NC 27546 MAMERS, NC 27552-0635	PHONE: EMAIL:

REQUIRED INSPECTIONS

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
FINAL**			