

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: SCOTT BROWN Phone: 910 497-0665

Owner (s) Mailing Address: 45 ARCHIE ST
SPRING LAKE, NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 45 ARCHE ST. SPRING LAKE

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done CHANGE OUT SPLIT HEAT PUMP IN CRAWL.
NO DUCT

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 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: 05/06/2019

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**



MECHANICAL RESIDENTIAL

910-893-7525

www.harnett.org

PERMIT NUMBER

MRES1905-0020

JOB ADDRESS: 45 ARCHIE ST	PERMIT SUBTYPE: UP TO 2 UNIT REPLACEMENT INCLUDES ELECTRICAL	PARCEL NO: 0514-79-1301.000
DESCRIPTION: Chg out split ht pump in crwl no duct	DATE ISSUED:	DATE EXPIRED:
PLAN NAME:	ZONING DISTRICT: RA-20M - 0.87 acres (100.0%)	

APPLICANT: MARK-AIR INC. PO BOX 41104 FAYETTEVILLE, NC 28309	PHONE: (910)484-6565 EMAIL: markairinc@nc.rr.com
CONTRACTOR: MARK-AIR INC. PO BOX 41104 FAYETTEVILLE, NC 28309	PHONE: (910)484-6565 EMAIL: markairinc@nc.rr.com
OWNER: BROWN SCOTT H TRUSTEE 45 ARCHIE ST SPRING LAKE, NC 28390 SPRING LAKE, NC 28390-0000	PHONE: EMAIL:

REQUIRED INSPECTIONS

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
FINAL**			



Cash Register Receipt

Harnett County

Receipt Number
R3329

DESCRIPTION	QTY	PAID
PermitTRAK		\$90.00
MRES1905-0020 Address: 45 ARCHIE ST APN: 0514-79-1301.000		\$90.00
RESIDENTIAL MECHANICAL FEES		\$90.00
UP TO 2 UNIT REPLACEMENT	0	\$90.00
TOTAL FEES PAID BY RECEIPT: R3329		\$90.00

Date Paid: Monday, May 06, 2019
Paid By: MARK-AIR INC.
Cashier: LL
Pay Method: EMV 006421|242454223

