

Application # _____

MPES 1900-0021

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: PHYLLIS BYRON Phone: 910 494-7279

Owner (s) Mailing Address: 362 TOM MEYERS RD.
LILLINGTON, NC 27546

Land Owner Name (s): PHYLLIS BYRON Phone: 910 494-7279

Construction or Site Address: 362 TOM MEYERS RD.

PIN # _____ Parcel # _____

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

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 28309
Address
15874/6136U
License # _____

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

Structure Owner / Contractor Signature:  Date: 05/17/2019

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**