

Application # MRES1906-0047

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: Andrea Cattaneo Phone: 586-291-0780
Owner (s) Mailing Address: _____

Land Owner Name (s): SAME Phone: _____
Construction or Site Address: 489 Falling Water Dr Sp. Lake 28390
PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done: Replacement of full unit 5 ton split system.

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 Watson Electric

Plumbing: Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington: _____

Subdivision: _____ Lot #: _____

I Kenneth R Parker provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 18408, 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.

Fayetteville Heating & AC 910-484-2273
Contractor's Company Name Telephone
6458 Sangi Ln. Fay, NC 28312 Fay Heating & AC
Address Email Address
18408 yahoo.com
License #

Structure Owner / Contractor Signature: Kenneth Parker Date: 6-13-19

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

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

Owner (s) of Structure: Brian + Andrea Cotroneo - 586-291-0780

Owner (s) Mailing Address: 489 Falling Water Drive
Spring Lake N.C. 28390

Land Owner Name (s): Same. Phone: _____

Construction or Site Address: 489 Falling Water Drive.

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done: Reconnect 4 ton Split system

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:

Will call FH+A when ready for
inspection

Subdivision: _____ Lot #: _____

I Bill Ellis will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 2134, 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.

Watson Electric
Contractor's Company Name
369 Wilkes Rd Fayetteville NC 28306
Address

910-483-4193
Telephone
wellie@watsonelec.com
Email Address

002134
License #

Bill Ellis

Structure Owner / Contractor Signature: Bill Ellis Date: 6-14-19

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