

Application # MRES1907-0036

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: Amanda Weeks Phone: 803-622-9473

Owner (s) Mailing Address: 105 Rolling Pines Dr.
Spring Lake, NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 6753 Description of Work to be done: HVAC Change out of 2-ton split heat pump system for downstairs with electrical rhook.

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 Jeremy Johnson will provide the HVAC & Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 30052 HA/L 31418 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.

Cape Fear AC & Heating Cape Fear Electrical 910-483-8760
Contractor's Company Name Telephone

1139 Robeson St, Fayetteville NC 28306 ashlyn.stanbro@
Address Email Address capefearair.com

30052 HA/L 31418
License #

Structure Owner / Contractor Signature: Jeremy Johnson Date: 7-16-19

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