

Application # MRESIG08

13025

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: Blonda + Keith Gwyn Phone: 910-494-4091

Owner (s) Mailing Address: 32 Welshire Drive
Sanford NC 27332

Land Owner Name (s): Blonda + Keith Gwyn Phone: 910-494-4091

Construction or Site Address: 32 Welshire Drive, Sanford NC 27332

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done Change Out
2.0 ton SHP

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 All Seasons will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 24169, 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.

All Seasons AC + Htg
Contractor's Company Name
3981 Cumberland Rd. Fayetteville
Address
24169
License #

910-868-6206
Telephone
alseasons@nc.rr.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 8/16/19

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

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

Owner (s) of Structure: Rhonda & Keith Guyn Phone: 910-494-4091

Owner (s) Mailing Address: 32 Welshire Drive,
Sanford NC 27332

Land Owner Name (s): Rhonda & Keith Guyn Phone: 910-494-4091

Construction or Site Address: 32 Welshire Drive, Sanford NC 27332

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done Reconnect HVAC

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 #: _____

Charles Brooks will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 31172, 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.

Charles Brooks - Electric
Contractor's Company Name

910-584-0816
Telephone

218 Nimcocks St. Fayetteville 28301
Address

Email Address

31172
License #

Structure Owner / Charles Brooks Date: 8/16/19
Contractor Signature

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