

Application # _____

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: Patrick Holt Phone: 910-797-8340

Owner (s) Mailing Address: 56 Woodshire Drive
Lillington NC 27546

Land Owner Name (s): Patrick Holt Phone: 910-797-8340

Construction or Site Address: 56 Woodshire Drive, Lillington

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done: Change Out
2.5 to Split Heat Pump

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 28306
Address
24169
License #

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

Structure Owner / Contractor Signature: [Signature] Date: 8/27/19

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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Lillington NC 27546

Land Owner Name (s): Patrick Holt Phone: 910-797-8340

Construction or Site Address: same

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
218 Nimocks St. Fayetteville 28301
Address
31172
License #

910-584-0816
Telephone

Email Address

Structure Owner / Charles Brooks (Contractor Signature) Date: 8/27/19

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