

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: Frank Trinidad Phone: 813-505-1288

Owner (s) Mailing Address: 185 Cobblestone Dr.
Spring Lake, N.C. 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 7557.35 Description of Work to be done change out 4ton split heat pump in attic

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:

Star Ele

Subdivision: _____ Lot #: _____

I Haire Plumbing: Mechanical will provide the mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 4230, 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.

Haire Plumbing: Mechanical
Contractor's Company Name
367 Winslow St. Fay, N.C. 28301
Address
4230
License #

office cell
910-483-1421 / 910-748-6009
Telephone
brett@haireplumbing.com
Email Address

Structure Owner / Contractor Signature: Brett Curtis Date: 9/4/19

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

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Application for Building and Trade Permit

Owner's Name: Frank Trinidad Date: 09-05-2019
Address: 185 Cobblestone Dr. Phone: 813-505-1288
Directions to job site: _____

Subdivision: _____ Lot: _____

Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other

Description of Proposed Work: Wire 4ton split heat pump (Haire Plumbing)
Total Project Cost: \$350.00

Building Permit Information

Heated SF Crawl Space () Building Construction Cost \$ _____
Unheated SF Slab () Acres Disturbed _____ Stories _____

Building Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work Re-Connect Electrical Cost \$ 350.00
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps
Starr Electric Co., Inc. 910-484-0156
Electrical Contractor's Company Name _____ Telephone _____
P.O. Box 2525 Fayetteville, 28302 U.00004-02
Address _____ License # _____
Wendy Aube
Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential () Other () Not Required ()
Insulation Contractor's Company Name _____ Address _____ Telephone _____

Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

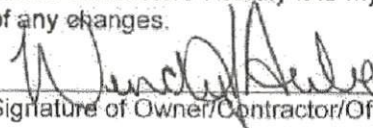
License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No ___

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.


Signature of Owner/Contractor/Officer(s) of Corporation

09-05-2019
Date