

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: KATHLEEN CAMERON Phone: 910-808-6782

Owner (s) Mailing Address: 34 SAGE BRUSH CT.
LILLINGTON, NC 27546

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 6500.⁰⁰ Description of Work to be done CHANGE OUT AIR HANDLER
INSIDE OF HOME AND HEATPUMP CONDENSER OUTSIDE

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:

GO 401 SOUTH TURN RIGHT ONTO NC29/ALDRED
TURN RIGHT ONTO PINE NEEDLES DR. TURN RIGHT
ONTO SAGE BRUSH CT.

Subdivision: _____ Lot #: _____

I NORMAN'S HEATING AND COOLING LLC will provide the MECHANICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 29498, 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.

NORMAN'S HEATING AND COOLING LLC
Contractor's Company Name

919-410-1866
Telephone

1135 BRIDLEMINA DR. FUGUAY VARIANA, NC 27526
Address

ronaldnorman@live.com
Email Address

29498
License #

Structure Owner / Contractor Signature: 

Date: 27 NOVEMBER 2019

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

Application # _____

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

Owner (s) of Structure: _____ Phone: _____

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$100.00 Description of Work to be done Re connect to air handler
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 #: _____

Black & Roberson will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 8900L, 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.

Black & Roberson _____ Telephone 252-814-1966
Contractor's Company Name
1715 Black Rd. Robersonville, NC 27871
Address
License # 8900L
Email Address _____

Structure Owner / Contractor Signature: Kenny Roberson Date: 11/27/19

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**