

**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: Sallie CHALMERS Phone: 910-635-5296

Owner (s) Mailing Address: 790 MURCHISON TOWN ROAD  
SANFORD, NC 27332

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \$16,500.00 Description of Work to be done CHANGE OUT AIR HANDLER  
INSIDE OF HOME AND HEAT PUMP 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 SOUTH ON 210/401 TURN RIGHT ON  
NC 77 TURN RIGHT ONTO NC 97 AND LEFT CALVARY CHURCH RD  
TURN RIGHT ONTO PONDEROSA RD, TURN LEFT ONTO MURCHISON TOWN RD.

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

NORMAN'S HEATING  
I AND COOLING 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 919-410-1806  
Contractor's Company Name Telephone  
1135 BRIDGEMANE DR. FLOUAY-VARINA, NC 27526 ronaldnorman@live.com  
Address Email Address  
29498  
License #

Structure Owner / Contractor Signature:  Date: 19 DEC 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**

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

Owner (s) of Structure: Sallie Chalmers Phone: 910-635-5294

Owner (s) Mailing Address: 710 MURCHISON RD  
SANFORD, NC 27332

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \$600.00 Description of Work to be done Reconnect to Air Handler  
and heat pump condensers

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 2900L, 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 252-819-1406  
Contractor's Company Name Telephone

1915 Black Rd, Robersonville, NC 27871  
Address Email Address

2900L  
License #

Structure Owner / Contractor Signature: Kenny Roberson Date: 12/19/19

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**