

Application # MRES2001-0012

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: Ian Smail Phone: 919-498-2906

Owner (s) Mailing Address: 18 Dunes Cir.
Sanford, N.C. 27332

Land Owner Name (s): Ian Smail Phone: 919-498-2906

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done change out 2 ton split heat pump for upstairs

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: In Carolina Lakes

Subdivision: _____ Lot #: _____

Brett Astry 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. 27301
Address
4230
License #

910-483-1421
Telephone
brett@haireplumbing.com
Email Address

Structure Owner / Contractor Signature: Brett Astry Date: 1/8/2020

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: Ian Small Phone: 919-498-2906

Owner (s) Mailing Address: 18 Dunes Cir.
Sanford, NC 27332

Land Owner Name (s): Ian Small Phone: 919-498-2906

Construction or Site Address: _____

PIN # _____ Parcel # _____

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

Mechanical--Haire Plumbing and Mechanical

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect x 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:

In Carolina Lakes

Subdivision: _____ Lot #: _____

I Wendy Aube will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is U.0004-02, 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.

Starr Electric Co., Inc.
Contractor's Company Name

910-221-0016
Telephone

P.O. Box 2525 Fayetteville, NC 28302
Address

waube@starrelectric.net
Email Address

U.0004-02
License #

Structure Owner / Contractor Signature: Wendy Aube Date: Jan. 08, 2020

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**