

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: Aaron Clapsaddle Phone: 513-295-5802

Owner (s) Mailing Address: 294 Skipping Water Dr Spring Lake NC 28390

Land Owner Name (s): SAME AS ABOVE Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 7,000 Description of Work to be done PUTTING IN # 2 TON SPLIT SYSTEM

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:

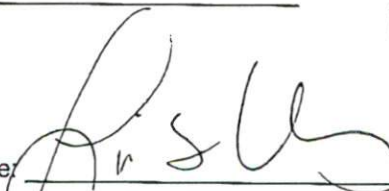
Subdivision: _____ Lot #: _____

I Blanton's Heating & Air will provide the Mechanical/Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 20688/31814, 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.

Blanton's Heating & Air
Contractor's Company Name
1769 Pamlee Dr Fayetteville NC 28301
Address
20688/31814
License #

980-202-5544
Telephone
lori@blantonsair.com
Email Address



Structure Owner / Contractor Signature: _____ Date: 3/23/20

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**