

Application # MR2020-0037

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: James Batten Phone: (912) 592-8548

Owner (s) Mailing Address: 95 Old Field Loop
Sanford NC 27332

Land Owner Name (s): James Batten Phone: _____

Construction or Site Address: 95 Old Field Loop Sanford NC 27332

PIN # _____ Parcel # _____

Job Cost: 4000 Description of Work to be done HVAC changeout of the existing systems (2) split heat pump systems, 1st floor air handler in the crawlspace and 2nd floor air handler in the attic, has a scuttle hole

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 Derek Lynn will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23462 H-3, 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.

Thermo Direct _____ 919-771-2665
Contractor's Company Name Telephone
134 Donmoor Ct, Garner NC 27529 _____
Address Email Address
23462 H-3 _____
License # _____

Structure Owner / Contractor Signature: Derek Lynn Date: 4/24/2020

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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Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Marc Kelly will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 29609-U, 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.

Thermo Direct
Contractor's Company Name
134 Denmoor Ct, Garner NC 27529
Address
29609-U
License #

919-771-2665
Telephone
homeprojects@thermodirectinc.com
Email Address

Structure Owner / Contractor Signature: Marc Kelly Date: 4/24/2020

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**