

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: Linda Hayes Phone: 703-300-3184

Owner (s) Mailing Address: 118 Valley Stream Rd
Spring Lake, NC 28390

Land Owner Name (s): Linda Hayes Phone: _____

Construction or Site Address: 118 Valley Stream Rd

PIN # _____ Parcel # _____

Job Cost: \$2,600.00 Description of Work to be done Change out one 4 ton air handler

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: Anderson Creek Lot #: 792

I Larry Parker will provide the Heating & Air labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 20012, 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.

Certified Heating & Air, Inc
Contractor's Company Name
PO Box 1071 Hope Mills, NC 28348
Address
20012
License #

910-858-0000
Telephone
ehrin.certified@gmail.com
Email Address

Structure Owner / Contractor Signature:  Date: 6-29-20

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**

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Land Owner Name (s): Linda Hayes Phone: _____

Construction or Site Address: 118 Valley Stream Rd

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done Rehook one 4 ton air handler

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: Anderson Creek Lot #: 792

I Robbie Farmer will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 17363L, 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.

Farmers Electric
Contractor's Company Name
6758 Appian Way Hope Mills, NC 28348
Address
17363L
License # _____

910-987-0972
Telephone

Email Address

Structure Owner / Contractor Signature:  Date: 6-29-20

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***Company name, address, & phone must match information on license**