

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: KAREN PAULSTON Phone: 609-784-3039

Owner (s) Mailing Address: 197 CURRAGH COVL
FLORAY VAKINA

Land Owner Name (s): KAREN PAULSTON Phone: 609-784-3039

Construction or Site Address: 197 CURRAGH COVL. FLORAY VAKINA
PIN # _____ Parcel # _____

Job Cost: 14,000 Description of Work to be done C/O SPLIT SYSTEM HEAT PUMP

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: MAGNOLIA CREST Lot #: _____

I AIR EXPUKTS will provide the Mech/Elect labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 15367 & 24498 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.

AIR EXPUKTS
Contractor's Company Name

919-878-0008
Telephone

7 RUPERT RD. KENILW
Address

EMP@YOURAIREXPUKTS.COM
Email Address

15367 & 24498
License #

NC 27603

Structure Owner / Contractor Signature: _____ Date: 7/2/20

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