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:	Olivia Catlett	Phone: 919-609-3813
Owner (s) Mailing Addre	Olivia Catlett	
(-)	Fuquay Varina NC 27526	
Land Owner Name (s):		Phone:
	dress:	
	_Description of Work to be done change o	
Mechanical: New Unit	t With Ductwork New Unit Without D	ouctwork Gas Piping Other
Electrical*: 200 Amp * For Pro	<200 Amp Service Change gress Energy customers we need the pre	Service Reconnect Other emise number
Plumbing: Water/S	Sewer Tap Number of Baths	Water Heater
Specific Directions to Jo	bb from Lillington:	
Subdivision:Lot #:		Lot #:
Air Essentials (Contractors N	will provide the Mechanical	labor on this structure.
	or my NC state license number is $\frac{21536}{}$	
		comply with the State Building Code and all
other applicable State a	nd local laws, ordinances and regulations	S.
Air Essentials, Inc		919-779-1237
Contractor's Company Name		Telephone
PO BOX 1149		airessentialsnc@aol.com
Address		Email Address
21536 H3C1	_	
License #		
Structure Owner / Contr	ractor Signature: Patricia Cofe	Date: 7-27-2020
By signing this application	on you affirm that you have obtained per	mission from the above listed license holder to
purchase permits on the the listed property for 12 Electrical Contra	eir behalf. If doing the work as owner you a months after completion of the listed work as owner you amonths after completion of the listed work as owner you are also as a list of the li	understand that you cannot rent, lease or sell ork. NC 55 E, Coats NC 37521

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