

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: John Norman Phone: (919) 842 9808

Owner (s) Mailing Address: 2817 Carolina Way, Sanford 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$5100.⁴³ Description of Work to be done HVAC changeout

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: Carolina Lakes Lot #: _____

Roy F. Mills will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 28280, 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.

King Heating & Air Cond
Contractor's Company Name

300 Wilson Rd. Sanford 27332
Address

28280
License #

(919) 895 3100
Telephone

kinghtair1895@a
Email Address gmail

Structure Owner / Contractor Signature: Roy F Mills III Date: 8/12/20

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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Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: John Norman Phone: (919) 842 9808
Owner (s) Mailing Address: 2817 CAROLINA WAY SANFORD 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$ 588.43 Description of Work to be done HVAC changeout

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 Vance Gust will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32452, 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.

VRG Electrical
Contractor's Company Name
6401 Reeves Dr.
Address
32452
License #

(919) 356 2225
Telephone

Email Address

Structure Owner / Contractor Signature: Vance Gust Date: 8/12/20

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