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: UNC FYAND Phone: (919) 552 4 182		
Owner (s) Mailing Address: 5311 TYLLY Whom & Dr. Fuguay Vanna		
Land Owner Name (s):Phone:		
Construction or Site Address:		
PIN#Parcel#		
Job Cost: 5815 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 #:		
(Contractors Name) Will provide the Me(hanical labor on this structure.		
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 Heafind & Air Cond Contractor's Company Name () SUD WILLON Rd. Vanford 27332 Address 28280 License # Linghtgair 1895 a General Address Mail Mail Mail Mail Mail Mail Mail Mail		
Structure Owner / Contractor Signature: 100 Mills # Date: 8/11/20		
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:	Phone: (919)552478
Owner (s) Mailing Address: 5310 Tylenshows	Dr: Fuquay Varina
Land Owner Name (s):	Phone:
Construction or Site Address:	
PIN# Parcel#	
Job Cost: 5305 Description of Work to be done 14V	Ac Changeout
Mechanical: New Unit With Ductwork New Unit Without Ductwork	ctwork V Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change 3 * For Progress Energy customers we need the prem	Service Reconnect Other nise number
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington:	
Subdivision:L I	ot #:labor on this structure.
I am the building owner or my NC state license number is 32	452, which entitles me to
perform such work on the above structure legally. All work shall co	
other applicable State and local laws, ordinances and regulations.	
Contractor's Company Name 401 Reves Dy Address	(919)35U 2225 Telephone
32452_ License #	* / .
Structure Owner / Contractor Signature:	Date: 10/11/20
By signing this application you affirm that you have obtained permit ourchase permits on their behalf, if doing the work as owner you ur	ssion from the above listed license holder to

the listed property for 12 months after completion of the listed work.

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