

MRES2009  
0008

### 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: Joseph Fitzgerald Phone: (910) 824 1110  
Owner (s) Mailing Address: 191 Union Cir Lillington 27546

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: 12088.<sup>00</sup> Description of Work to be done HVAC Change Out

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, 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.

Kinghtd Air Cond  
Contractor's Company Name  
3015 Wilson Rd. Sanford  
Address  
28280  
License #

(919) 895 3100  
Telephone  
kinghtdair1895a  
Email Address  
gm211.com

Structure Owner / Contractor Signature: [Signature] # \_\_\_\_\_ Date: 09/07/20

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: Joseph Fitzgerald Phone: (910) 824 6600  
Owner (s) Mailing Address: 141 Union Dr Lillington 27546

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: 12000.00 Description of Work to be done HVAC change out

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.

VAG Electrical  
Contractor's Company Name  
401 Reeves Dr. Sanford  
Address  
32452  
License #

(919) 356 2225  
Telephone  
Email Address \_\_\_\_\_

Structure Owner / Contractor Signature: Vance Gust Date: 09/07/20

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