ryphoduum m	
-------------	--

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: William CONVadi Phone: 785-424 3043				
Owner (s) Mailing Address: 534 YDYKShive Dv. Cameron 283211				
Land Owner Name (s):Phone:				
Construction or Site Address:				
PIN # Parcel #				
Job Cost: 5571 Description of Work to be done HVAC Change aut				
Mechanical: New Unit With Ductwork New Unit Without Ductwork 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 #:				
ROUF MILS will provide the McChanical labor on this structure. (Trade)				
I am the building owner or my NC state license number is 20280, 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 Htg & Air Cond 91989531000 Contractor's Company Name 12 Telephone				
300 Militon Rd. Vanford Kinghtyair 1895 a. Address Email Address				
28280 gmail				
Structure Owner / Contractor Signature: Date: 9/30/20				
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

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:	Alilliam Conradi	Phone: 785 424 3043		
Owner (s) Mailing Address:	584 Yorkohire D	r Callron 28321		
Land Owner Name (s):		_Phone:		
Construction or Site Address:				
PIN#	Parcel #			
Job Cost: <u>5571</u> Des	cription of Work to be done	Changeout		
Mechanical: New Unit With	Ductwork New Unit Without Ductwo	rk Gas Piping Other		
Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number				
Plumbing: Water/Sewe	r Tap Number of Baths	Water Heater		
Specific Directions to Job from Lillington:				
Subdivision:	Lot#			
(Contractors Name)	will provide the EUUN (AL (Trac y NC state license number is 3245	le) ·		
perform such work on the above structure legally. All work shall comply with the State Building Code and all				
	cal laws, ordinances and regulations.			
Contractor's Company Name	s Dr. Nanturd	919351 a 2225 Telephone		
Address 32452	S DI · CONTORCI	Email Address		
License #				
Structure Owner / Contractor	Olgination			
By signing this application you purchase permits on their beh	u affirm that you have obtained permission alf. If doing the work as owner you under	n from the above listed license holder to stand that you cannot rent, lease or sell		

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