

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: Donna Barefoot Phone: (919) 354-8070
Owner (s) Mailing Address: 37 Tahoe Cir Vanford 27332

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: Carolina Lakes
PIN # _____ Parcel # _____

Job Cost: \$17010.⁰⁰ Description of Work to be done: HVAC Changeout
to include duct system w/ downstairs (both floors)

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 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 Htg & Air Cond
Contractor's Company Name
300 Wilson Rd. Vanford
Address
28280
License #

(919) 895 3000
Telephone
kinghtgair1895a@gmail
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 10/22/20

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: Donna Barefoot Phone: (919) 356 8070
Owner (s) Mailing Address: 37 Tahoe Cir Wainford 27337

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$ 17010 Description of Work to be done HVAC Change out (both floors)
to include duct system for downstairs

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: Cawling Lakes Lot #: _____

I Vance Rust 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.

VKR Electrical
Contractor's Company Name
1401 Reeves Dr. Wainford
Address
32452
License #

(919) 356 2225
Telephone

Email Address

Structure Owner / Contractor Signature: Vance Rust Date: 10/22/20

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