

Application # _____

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: Tara Cargel Phone: 404-396-6878

Owner (s) Mailing Address: 70 BAY PT SANFORD NC 27332

Land Owner Name (s): SAME AS ABOVE Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 7,000 Description of Work to be done PUTTING IN A 2 TON SPLIT SYSTEM

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:

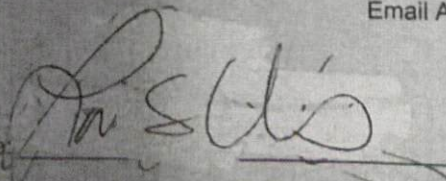
Subdivision: _____ Lot #: _____

I BLANTON'S AIR, PLUMBING, EL will provide the Mechanical/Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 20688/31814, 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.

BLANTON'S AIR, PLUMBING & ELECTRIC
Contractor's Company Name
1769 PAMALEE DR FAY NC 28301
Address
20688/31814
License #

9410-229-4185
Telephone
LORI@BLANTONSAIR.COM
Email Address

Structure Owner / Contractor Signature:  Date: 12/9/20

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