

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: Jason & Kimberly Guy Phone: 919-270-9854

Owner (s) Mailing Address: 8769 US 401 N

Fuquay - Varina, NC 27526

Land Owner Name (s): Jason & Kimberly Guy Phone: 919-270-9854

Construction or Site Address: 8769 US 401 N

PIN # _____ Parcel # _____

Job Cost: \$100 Description of Work to be done Install new gas line for furnace to convert to natural gas

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:

North on Hwy 401 towards Fuquay. House on left within 2 miles after passing Lafayette school.

Subdivision: _____ Lot #: _____

I Jason Guy will provide the mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 30674, 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.

American Comfort Solutions
Contractor's Company Name

919-552-9223
Telephone

126 S Fuquay Ave, Ste A
Address

jason@americancomfordsolutions.com
Email Address

30674
License #

Structure Owner / Contractor Signature:  Date: 1/2/2021

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