

**Harnett County Central Permitting**  
PO Box 66 Lillington, NC 27546 - Ph: 910-883-7525 - Fx: 910-883-2788 - www.harnett.org/permits  
**Certification of Work Performed By Owner/Contractor**  
**(Individual Trade Application)**

Owner (s) of Structure: Natalie Matheny Phone: (910) 980 4591

Owner (s) Mailing Address: 995 Cypress Rd.

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

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

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

Job Cost: \$9444 Description of Work to be done: HVAC Changeout, replace crossover ONLY

Mechanical: New Unit With Ductwork  New Unit Without Ductwork \_\_\_\_\_ Gas Piping \_\_\_\_\_ Other \_\_\_\_\_  
(Crossover)

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 #: \_\_\_\_\_

Ray 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.

Kind Heating & Air  
Contractor's Company Name

300 Wilson Rd.  
Address

28280  
License #

(919) 845 3400  
Telephone

Kindhtyair@gmail.com  
Email Address

Structure Owner / Contractor Signature: Ray Mills Date: 2/23/21

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 27548 - Ft: 910-893-7525 - Ft: 910-893-2783 - www.harnett.org/permits  
Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: Natalie Matheny Phone: (910) 930 4591

Owner (s) Mailing Address: 995 Cypress Rd.

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

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

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

Job Cost: \$9444 Description of Work to be done HVAC Changeout  
Main Crossover ONLY

Mechanical: New Unit With Ductwork  New Unit Without Ductwork \_\_\_\_\_ Gas Piping \_\_\_\_\_ Other \_\_\_\_\_  
(only crossover)

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:  
\_\_\_\_\_  
\_\_\_\_\_

Subdivisor: \_\_\_\_\_ Lot #: \_\_\_\_\_

I, James Gust will provide the Electrical labor on this structure.  
(Contractor's Name) (Trade)

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

W.F. Electric Contractor's Company Name Telephone: (919) 356 2225

4401 Reeves Drive Address Email Address: \_\_\_\_\_

52492 License #

Structure Owner / Contractor Signature: James Gust Date: 2/23/21

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