

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: Kayla Pittman Phone: 907 313 0035
Owner (s) Mailing Address: 76 Countess Ct. Cameron NC

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

Job Cost: 4700 Description of Work to be done HVAC changeout

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 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 29290, 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 Heat & Air
Contractor's Company Name
300 Wilson Rd.
Address
29790
License #

919 995 3600
Telephone
KingHTGair1995
Email Address @osman.com

Structure Owner / Contractor Signature: [Signature] Date: 3/15/21

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

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Owner (s) of Structure: Kayla Dittman Phone: (910) 313 0035

Owner (s) Mailing Address: The Countess Ct. Cameron

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

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Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

Vance Gust 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.

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

(919) 356 2225
Telephone

Email Address

Structure Owner / Contractor Signature: Vance Gust Date: 3/15/21

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