

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548 - P: 910-888-7225 - F: 910-888-2788 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Jessica Whitaker Phone: (910) 914 10229

Owner (s) Mailing Address: 510 Silver Lake Point

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN# _____ Parcel# _____

Job Cost: \$14,107.00 Description of Work to be done _____

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 L-Inspector: _____

Subcontractor: _____ Lot#: _____

Rou F. Mills # will provide the Mechanical labor on this structure.
(Contractor's Name) (Trade)

I am the building owner or my NC state license number is 28280, which enables 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) 8903100

Telephone

KindHeatingAir@gmail.com

Email Address

gmail.com

Structure Owner / Contractor Signature: [Signature] Date: 4/1/21

By signing this application you affirm that you have obtained permission from the above listed license holder to perform 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

Harrisburg County Central Permitting
 PO Box 65 Lenoir, NC 27560 - PH: 919-684-8585 - FX: 919-684-8789 - www.harriscountync.gov
 Certification of Work Performed By Owner/Contractor
 (Individual Trade Application)

Owner (s) of Structure: Jessica Whitaker Phone: (910) 910-1029
 Owner (s) Mailing Address: 910 Silver Lake Point

Lead Owner Name (s): _____ Phone: _____
 Construction or Site Address: _____
 PIN #: _____ Parcel #: _____
 Job Code: 414.1075 Description of Work to be done: _____

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork Gas Firing _____ Other _____
 Electrical: 200 Amp _____ 400 Amp _____ Service Change _____ Service Reconnect _____ Other _____
 * For Program Energy customers see next the permit number.
 Plumbing: Water/Owner Tap _____ Number of Pools _____ Water Heater _____
 Specific Description to Job from ILM: _____

Contractor: _____ Lic#: _____
 I, Janice Gust, will provide the Electrical (Trade) labor on this structure.
 (Contractor Name) (Trade)
 I am the building owner or my NC state license number is 32452, which enables 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.

WPA Structural (Contractor's Company Name) Phone: (919) 350-2235
Paul Lewis Dave (Contractor Name) _____
7252 (License #) _____
 _____ (Email Address) _____
 _____ (Fax Number) _____

Structure Owner / Contractor Signature: Janice Gust Date: 7/1/21
 By signing this application you affirm that you have obtained permission from the above named building owner to perform the work on this structure. If during the work an owner you understand that you cannot work, notify or call the local authority for 12 months after completion of the initial work.

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

PAYER'S name, s

PAYER'S name, street or foreign postal code: ADCOCK RE
 P. O. BOX SANFORD,

723-3330
 name, address, ZIP/postal code: TRIE AND MCCLC
HWY 24/87
161
IRON NC 28326
 PAYER'S TIN: 811225925
 RECIPIENT'S name, address: PRIDE CARPET CLEANING
10 WILSON RD
SANFORD NC 27332

Account number: 117751558368922
 Nonemployee compensation: _____

4 Federal income tax withheld: _____

9 State/Payer's state number: _____

1099-NEC Nonemployee Compensation Copy B - For Recipient (if checked)

PENNSYLVANIA CASUALTY INDEMNITY COMPANY
 PO BOX 2361
 Harrisburg, PA 17103
 (717) 234-4900

PAYER'S TIN: 23-0961349

RECIPIENT'S name: PRIDE FIRE & PROTECTIVE