

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548 - P: 919-888-7525 - F: 919-888-2788 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner(s) of Structure: C. Joseph Spears Phone: (540) 312 5052

Owner(s) Mailing Address: 182 Ray Byrd Rd - Lillington

Land Owner Name(s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 7490 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, Vance 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 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.

VRG Electric
Contractor's Company Name

(919) 356-2225
Telephone

6401 Reeves Drive
Address

Email Address

32452
License #

Structure Owner / Contractor Signature: Vance Gust Date: 4/16/21

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 - P: 910-886-7535 - F: 910-886-2788 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Joseph Spears Phone: (540) 312-5052

Owner (s) Mailing Address: 182 Ray Byrd Rd. Lillington

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN# _____ Parcel# _____

Job Cost: 7490 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 L-Inspector: _____

Subcontractor: _____ Lot# _____

Roy Mills # will provide the Mechanical labor on this structure.
(Contractor 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: 3013 Wilson Rd. Sanford

Address: 28280

Telephone: (919) 895-3000

Kindhtyair1845w

Email Address: gmail.com

License #: _____
Structure Owner / Contractor Signature: [Signature] Date: 4/11/21

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