

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548 - Ft: 910-686-7535 - Ft: 910-686-2788 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Shawna Marston Phone: (910)322-2847

Owner (s) Mailing Address: The Sapphire Dr.

Lead Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 18,314 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/Cover Tap _____ Number of Bails _____ Water Heater _____

Specific Directions to Job from Lillington: _____

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

600 Wilson Rd Sanford
Address

28280
License #

(919) 995-3600
Telephone

Kindhtgair@gsu.edu
Email Address

gnail
Gmail

Structure Owner / Contractor Signature: Roy Mills Date: 4/14/21

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 Lenoir, NC 27545 - P: 910-888-7325 - F: 910-888-2798 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Shawna Marston Phone: (910) 322 12847

Owner (s) Mailing Address: 716 Sapphire Dr.

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 18,314 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 Licenser:

Subcontractor: _____ Lot #: _____

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 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.

VRC Electrical _____ Telephone: (919) 356-2225
Contractor's Company Name

1401 Reeves Dr. Sanford _____
Address

32452 _____
License #

Structure Owner / Contractor Signature: Vance Gust Date: 4/14/21

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