

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27548 - P: 910-696-7825 - F: 910-696-2798 - www.harnettcounty.org  
Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: TOMMY COLLINS Phone: (910) 635-5794  
Owner (s) Mailing Address: 4844 McLean Chapel Church Rd. Burnlevel

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

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

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

Job Cost: \$9128 Description of Work to be done: HVAC Changeout - Full duct system

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

Subcontractor: \_\_\_\_\_ Lot #: \_\_\_\_\_

ROUF MILLS will provide the Mechanical labor on this structure.  
(Contractor Name) (Trade)

I, the building owner or my NC state license number is 28280, which certifies 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  
3007 Allison Rd.

(919) 895-3100  
Telephone  
Kindtjair1845@gmail.com  
Email Address

Address: 28280  
License # \_\_\_\_\_

Structure Owner / Contractor Signature: [Signature] Date: 4/19/21

By signing this application you affirm that you have obtained permission from the above listed license holder to perform the work on this lot and if doing the work to ensure your understanding that you cannot rent, lease or sell the land/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 27548 - P: 919-686-7225 - F: 919-686-2795 - www.harnettcountypermits.com  
Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: Tommy Collins Phone: (910) 635 5794  
Owner (s) Mailing Address: 3247 McLean Chapel Church Rd Bismarck

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

Job Cost: \$9,028 Description of Work to be done: HVAC Changeout - Full duct system

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

Electric: 200 Amp \_\_\_\_\_ <200 Amp \_\_\_\_\_ Service Change \_\_\_\_\_ Service Disconnect \_\_\_\_\_ Other \_\_\_\_\_  
\* For Progress Energy customers we need the premise number

Plumbing: Water/Cover Tap \_\_\_\_\_ Number of Baths \_\_\_\_\_ Water Heater \_\_\_\_\_

Specific Directions to Job from Licenser:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substation: \_\_\_\_\_ Lot # \_\_\_\_\_

Vance Gust will provide the Electrical labor on this structure.  
(Contractor Name) (Trade)

I am the building owner or my NC state license number is 32452, which certifies 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.

V.P. Electric  
Contractor's Company Name  
1740 Reeves Dr  
Address  
32452  
License #

(919) 351-0225  
Telephone  
\_\_\_\_\_  
Email Address

Structure Owner / Contractor Signature: Vance Gust Date: 4/19/21

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