

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: RAMON BARRETO Phone: 787-587-9473

Owner (s) Mailing Address: 4508 BLACK STALLION CT
PARKTON NC 28371

Land Owner Name (s): RAMON BARRETO Phone: 910-578-3445

Construction or Site Address: 72 TIMERWOOD LANE SANFORD NC 27332

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done RECONNECT CHANGE OUT HVAC SPLIT HEAT PUMP IN ATTIC

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:

RECONNECT SPLIT HEAT PUMP

Subdivision: BUFFLO LAKE RD Lot #: _____

I JAMES A LEE will provide the ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 13276, 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.

JAMES A LEE DBA JAL ELECTRICAL SERVICE INC
Contractor's Company Name
870 THREE WOOD DR, FAY, NC 28312
Address
13276-L
License # _____

910-977-0310
Telephone
LEE0971@AOL.COM
Email Address

Structure Owner / Contractor Signature: _____ Date: _____

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**