Application #	
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: KIChard Chepard Phone: (919)4058	<u>4</u> 4		
Owner (s) Malling Address: 15141 M CDudgald Rd.	_		
	_ ,		
Land Owner Name (s):Phone:	_		
Construction or Site Address:			
PIN # Parcel #	_		
Job Cost: \$140 Description of Work to be done HVACChangeout	_		
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	- SASKS - UK)		
Plumbing: Water/Sewer Tap Number of Baths Water Heater			
Specific Directions to Job from Lillington:			
	_		
	- .		
Subdivision: Lot #:			
Will provide the McOdvical labor on this structure. Contractors Name) I am the building owner or my NC state license number is 20200, 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.			
Kind Heating & Air Contractor's Company Name (919)895340 Telephone	D		
232 Milson Rd. Kinghtdair 1899	à		
Address Email Address Mail	_		
License #			
Structure Owner / Contractor Signature:	21		
By signing this application you affirm that you have obtained permission from the above listed license he purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease the listed property for 12 months after completion of the listed work.	or sell		

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

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Application #	
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PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.hamett.org/permits
Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: LICHARD MADORA Pho	ne: <u>(919) 410584</u> 4
Owner (s) Mailing Address: 15/4/ MCDDUAGID RO.	
Land Owner Name (s):Pho	ne:
Construction or Site Address:	
PIN # Parcel #	
Job Cost: \$1400 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 F * For Progress Energy customers we need the premise number	
Plumbing: Water/Sewer Tap Number of Baths Water	r Heater
Specific Directions to Job from Lillington:	
Subdivision:Lot#:	
Vanuation Will provide the Electrical (Trade)	0 8 30 1258 5 1
I am the building owner or my NC state license number is 32452	
perform such work on the above structure legally. All work shall comply with	th the State Building Code and all
other applicable State and local laws, ordinances and regulations.	× - \
Contractor's Company Name	(919)35U 2225
11401 1214125 Dr.	
51452	mail Address
License #	
Structure Owner / Contractor Signature:	Date: <u>U 24 2</u>
By signing this application you affirm that you have obtained permission from purchase permits on their behalf. If doing the work as owner you understand the listed permits of the listed work.	om the above listed license holder to ad that you cannot rent, lease or sel

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