

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: Kate Foley Phone: 603-801-3317

Owner (s) Mailing Address: 125 Jared Dr.
Fuquay Varina, NC 27592

Land Owner Name (s): Kate Foley Phone: 603-801-3317

Construction or Site Address: 125 Jared Dr.

PIN # _____ Parcel # _____

Job Cost: \$4,000 Description of Work to be done Replace 2 Ton Heat Pump

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 Jimmy Richardson will provide the HVAC / Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 31355/30624 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.

Cold South Mechanical
Contractor's Company Name
1929 NC Hwy 42 Willow Spring, NC
Address 27592
31355
License #

919 800 7918
Telephone
jr@coldsouthnc.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 6/28/21

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**