

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: WAYNE MILBAUER Phone: 919-302-4114

Owner (s) Mailing Address: 1417 BALLARD ROAD
FUQUAY-VARINA, NC 27526

Land Owner Name (s): WAYNE MILBAUER Phone: 919-302-4114

Construction or Site Address: 1417 BALLARD ROAD FUQUAY-VARINA, NC 27526

PIN # _____ Parcel # _____

Job Cost: \$17,500.00 Description of Work to be done CHANGE OUT AIR HANDLER IN ATTIC AND HEAT PUMP CONDENSER FOR 2ND FLOOR of HOME AND GAS FURNACE, EVAP COIL, A/C CONDENSER FOR 1ST FLOOR OF HOME AND GAS PIPING FROM POINT OF DELIVERY THROUGHOUT HOME

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: GO 401 NORTH TOWARD FUQUAY TURN RIGHT ONTO BALLARD ROAD

Subdivision: _____ Lot #: _____

I NORMAN'S HEATING AND COOLING LLC will provide the MECHANICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 29498, 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.

NORMAN'S HEATING AND COOLING LLC 919-410-1866
Contractor's Company Name Telephone
135 BRIDGEMINE DRIVE FUQUAY-VARINA, NC ronaldnorman@live.com
Address 27526 Email Address

License # 29498

Structure Owner / Contractor Signature: [Signature] Date: 12 JULY 2021

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

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**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: Wayne Milbauer Phone: 919 502 9104

Owner (s) Mailing Address: 1419 Ballard Rd.
Fuquay Varina, NC

Land Owner Name (s): Wayne Milbauer Phone: _____

Construction or Site Address: 1419 Ballard Rd Fuquay Varina, NC

PIN # _____ Parcel # _____

Job Cost: \$500.00 Description of Work to be done: Reconnect phone wires & recharter in attic, get furnace in usual space and outdoor units

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 Electric Expression will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 125580, 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.

Electric Expression Telephone 919 524 1627
Contractor's Company Name Address 924 Barnford Mill Rd Wake forest, NC Email Address electricexpression@gmail.com
125580 License #

Structure Owner / Contractor Signature: Robert Bewley Date: 7/12/21

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**