| Application #  |
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| PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permils  Certification of Work Performed By Owner/Contractor  (Individual Trade Application)  |
| Owner (s) of Structure: KDSCOO MAHA Phone: 910-818. 3390  Owner (s) Mailing Address: 3444 Diverwind Dr. Spring Lake  |
| Land Owner Name (s):Phone:   |
| Construction or Site Address:  |
| Construction or Site Address:Parcel #  |
| Job Cost 7311. ODescription of Work to be done HVAC Change Out To S. T.  TOO Split Deat Pump System with Electrical  Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other   |
| Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other Other 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 #:   |
| (Contractors Name) (Trade) L. BIUIS  |
| I am the building owner or my NC state license number is 30053 113, 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, and some state and local laws.   |
| Compared to the state and local laws, ordinances and regulations.  Compared to the state and local laws, ordinances and regulations.  Compared to the state of th |
| 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