

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: Evelyn White Phone: (404) 403 7737

Owner (s) Mailing Address: 105 Letcher Ln Lillington

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$10,021-100 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 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, Vance Gust will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32452, 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.

VRG Electrical

Contractor's Company Name

1401 Reeves Dr. Sanford

Address

License # 32452

(919) 356 2225
Telephone

Email Address

Structure Owner / Contractor Signature: Vance Gust Date: 8/13/21

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**

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(Individual Trade Application)

Owner (s) of Structure: Evelyn White Phone: (404) 403 7737
Owner (s) Mailing Address: 185 Letcher Ln, Lillington, NC 27546

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$10021.10 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 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 Roy F. Mills will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 28280, 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.

King Heating & Air

Contractor's Company Name
232 Wilson Rd. Sanford

Address
28280

License #

(919) 895 3600

Telephone
Kinghtyair189500

Email Address
gmail

Structure Owner / Contractor Signature: [Signature] Date: 8/13/21

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