

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: Bethany Stevens Phone: 910-984-4844
Owner (s) Mailing Address: 514 Maple Road Angier, NC 27501

Land Owner Name (s): Bethany Stevens Phone: " "
Construction or Site Address: 514 Maple Road Angier, NC 27501
PIN # _____ Parcel # _____

Job Cost: 4200 Description of Work to be done Install 2 ton mini-split in garage

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 Tony Stephenson will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

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

Stephenson heating and air
Contractor's Company Name
343 shipwash drive Garner, NC
Address 27529
18044
License #

919-329-0686
Telephone
Stephensonservice@hotmail.com
Email Address

Structure Owner / Contractor Signature: Tony [Signature] Date: 9-10-21

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**