Application #
Harnett County Central Permitting PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.hamett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application) Owner (s) of Structure: Owner (s) Mailing Address: 34 N Hillside Dy. Umng Lake 28390
Land Owner Name (s):Phone:
Construction or Site Address:
PIN # Parcel #
Job Cost: 5818 Description of Work to be done HVAC Changeaut
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 #:
KOMMIS will provide the Mchalland labor on this structure. (Trade) 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.
Contractor's Company Name 232 WIJDN RN. (919) 895 3400 Telephone Kindhtdair 1895a
Address GMail.com 28280 License #

By signing this application you affirm that you have obtained permission from the above listed license helder 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.

Structure Owner / Contractor Signature:

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

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Owner (s) of Structure:	Manahr	Johnson	P	hone: (573)	337 3117
Owner (s) Mailing Address:	134 N.	Hilside		pringlak	e 28390
Land Owner Name (s):			P	hone:	
Construction or Site Addres					
PIN#		Parcel #_			
Job Cost: 45818 De	escription of Work	to be done	HVAC	Change	ut
Mechanical: New Unit Wi	th Ductwork	New Unit Witho	out Ductwork	✓ Gas Piping	Other
	_<200 Amp ss Energy custom				Other
Plumbing: Water/Sew	ver Tap N	Number of Baths	s Wa	ater Heater	
Specific Directions to Job fi	rom Lillington:	*.		*	
Subdivision:			Lot #: _		
(Contractors Name	will provide the		(Trade		
I am the building owner or					
perform such work on the a				with the State Bu	ilding Code and all
other applicable State and	local laws, ordina	nces and regula	ations.		
Contractor's Company Nam	ala la	4	-	(9/9) 39 Telephone	5 Le 2225.
6401 Keeres	Dr.				
Address 31450				Email Address	1. (a.e.e.)
License #					1
Structure Owner / Contract		vame &	Just	Date:	
By signing this application y purchase permits on their by the listed property for 12 mg	ehalf. If doing the	work as owner	r you underst	from the above li and that you can	sted license holder to not rent, lease or se

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