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: Wictoria SMHD Phone: 7571428703
Owner (s) Mailing Address: 105 CAMLYON PINES Drive, Sanford
Land Owner Name (s):Phone:
Construction or Site Address:
PIN # Parcel #
Job Cost: #9221 Description of Work to be done HVAC Changeout (1) Attic (Suffle)
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 #:
Will provide the MCNANICAL labor on this structure. (Contractors Name) Will provide the MCNANICAL labor on this structure. (Trade) Tam 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 (919) 8953Leas
Contractor's Company Name 232 WILSON 20. Telephone LINGNIZOR 1895(1)
Address Small Address SMCH LOM
Structure Owner / Contractor Signature:
By signing this application you affirm that you have obtained permission from the above listed license holder to surchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell he 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: _ VICTORIA SMITH	Phone: 75711428703
Owner (s) Mailing Address: 105 CAMINGH	PINUS Drive, UHANDIA
Land Owner Name (s):	Phone:
Construction or Site Address:	
PIN # Parcel #	
Job Cost: 8842 77 Job Cost: 8842 Description of Work to be done (1) AAC / Suittle (1) Cranlisp	tVAC Changeout -
Mechanical: New Unit With Ductwork New Unit With	
Electrical*: 200 Amp <200 Amp Service Change * For Progress Energy customers we need th	Service Reconnect Other e premise number
Plumbing: Water/Sewer Tap Number of Baths	s Water Heater
Specific Directions to Job from Lillington:	
Subdivision:	Lot #:
(Contractors Name) 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	
other applicable State and local laws, ordinances and regula	ations.
Contractor's Company Name	(919)35U-2225 Telephone
Address 32452	Emall Address
Structure Owner / Contractor Signature:	Date: 10/18/2
By signing this application you affirm that you have obtained purchase permits on their behalf. If doing the work as owne the listed property for 12 months after completion of the listed	d permission from the above listed license holder t r you understand that you cannot rent, lease or se
8* · · · · · · · · · · · · · · · · · · ·	est.
*Company name, address, & phone mu	st match information on license
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