

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: Dorothy White Phone: 910-261-8297
Owner (s) Mailing Address: 855 North Carolina 27, Lillington NC 27546

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: 855 North Carolina 27, Lillington NC 27546

PIN # _____ Parcel # _____

Job Cost: 2000 Description of Work to be done: HVAC Changeout Like for like of a 2.5 ton packaged gas system

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 Marc Kelly will provide the Electric 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.

Thermo Direct
Contractor's Company Name
4901 Trademark Drive, Raleigh NC 27610
Address
29609-11
License #

919-771-2665 option 3
Telephone
homeprojects@thermodirectinc.com
Email Address

Structure Owner / Contractor Signature: Marc Kelly Date: _____

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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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 Derek Lynn 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.

Thermo Direct
Contractor's Company Name
4901 Trademark Drive, Raleigh NC 27610
Address
23462 H-3
License #

919-771-2665 option 3
Telephone
homeprojects@thermodirectinc.com
Email Address

Structure Owner / Contractor Signature: Derek Lynn Date: 11-17-2021

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**