

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: David Gamble Phone: (919) 334 8893  
Owner (s) Mailing Address: 300 Green Links Dr. Cameron

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \$ 10,700 Description of Work to be done: HVAC Changeout  
Attic

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: Carolina Seasons

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I Roll 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.

Kind Heating & Air  
Contractor's Company Name  
237 Wilson Rd.  
Address  
28280  
License #

(919) 895-3400  
Telephone  
KindHtAir1895@a  
Email Address  
gmail

Structure Owner / Contractor Signature: [Signature] Date: 12/7/21

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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Plumbing: Water/Sewer Tap \_\_\_\_\_ Number of Baths \_\_\_\_\_ Water Heater \_\_\_\_\_

Specific Directions to Job from Lillington: Carolina Pearsons

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I Vance Must 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.

VRP Electrical  
Contractor's Company Name

9193502225  
Telephone

11401 Reeves Dr. Sanford  
Address

\_\_\_\_\_  
Email Address

32452  
License #

Structure Owner / Contractor Signature: Vance Must Date: 12/7/21

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