

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: Dain Thomas Phone: (910) 850 6440  
Owner (s) Mailing Address: 91 Green Links Dr. Cameron 28326

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

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

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

Job Cost: \$7451 Description of Work to be done HVAC Changeout / Closet

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 Vance Gust will provide the Electric 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.

VRG Electrical  
Contractor's Company Name  
4401 Reeves Dr. Danford  
Address  
32452  
License #

9193562225  
Telephone  
\_\_\_\_\_  
Email Address

Structure Owner / Contractor Signature: Vance Gust Date: 12/13/21

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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**Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)**

Owner (s) of Structure: Dain Thomas Phone: (910) 850 0440  
Owner (s) Mailing Address: 91 Green Links Dr. Cameron 28320

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

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

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

Job Cost: \$7451 Description of Work to be done HVAC Changeout / Closet

Mechanical: New Unit With Ductwork \_\_\_\_\_ New Unit Without Ductwork  Gas Piping \_\_\_\_\_ Other \_\_\_\_\_

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\* 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 Roy 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.

King Htg & Air Cond.  
Contractor's Company Name  
232 Wilson Rd. Sanford  
Address  
28280  
License #

919 895 3600  
Telephone  
KingHtgAir1895@aol.com  
Email Address  
gmail

Structure Owner / Contractor Signature: [Signature] Date: 12/13/21

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**