

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: Johanna Dwyer Phone: 5095728417
Owner (s) Mailing Address: 20 Jubilee Pt - Cameron

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$9184- 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: Yorkshire

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.

Kim Heating & Air
Contractor's Company Name
232 Wilson Rd.
Address
28280
License #

9198953600
Telephone
Kimhtdair1895@a
Email Address
gmail

Structure Owner / Contractor Signature: [Signature] Date: 1/31/22

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: Johanna Chuner Phone: 5095728477
Owner (s) Mailing Address: 24 Jubilee Ct. Cameron

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$9184- 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: Workshire

Subdivision: _____ Lot #: _____

I Vance Gust 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.

VRA Electric
Contractor's Company Name
10401 Reeves Dr. Sanford
Address
32452
License #

9193562225
Telephone
Email Address

Structure Owner / Contractor Signature: Vance Gust Date: 1/31/22

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