

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27548 - Ph: 910-893-7625 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Joseph Lopes Phone: 8439974407
Owner (s) Mailing Address: 38 Sweet Gum Circle Sanford

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$7822 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: Peachtree Crossing

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.

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

9198953600
Telephone
Kindtair1895a@gmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 2/3/22

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

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7625 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Joseph Lopes Phone: 8439974407
Owner (s) Mailing Address: 38 Sweet Gum Circle Sanford

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$ 7892 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: Peachtree Crossing

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.

VRG Electrical

Contractor's Company Name

401 Reeves Dr. Sanford

Address

32452

License #

9193502225

Telephone

Email Address

Structure Owner / Contractor Signature: Vance Gust Date: 2/3/22

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