

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: Tricia Bidness Phone: 315 395 4052
Owner (s) Mailing Address: 101 Checkmate Ct. Cameron

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$193 Description of Work to be done: HVAC Changeout

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 #: _____

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

919 895 3100
Telephone
Kingh@aol.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 2/16/22

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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(Individual Trade Application)

Owner (s) of Structure: Tricia Bigness Phone: 3153954052
Owner (s) Mailing Address: 101 Checkmate Ct. Cameron

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

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Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork Gas Piping _____ Other _____

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Plumbing: Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington: Workshire

Subdivision: _____ Lot #: _____

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.

VRG Electrical
Contractor's Company Name

9193502220
Telephone

10401 Reeves Dr. Sanford
Address

Email Address

32452
License #

Structure Owner / Contractor Signature: vance Must Date: 2/16/22

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