

Application # MIR2205-0003

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

Owner (s) of Structure: Anali Gonzalez Phone: 8179391870
Owner (s) Mailing Address: 59 Haywood Ct Springlake

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: _____
PIN # _____ Parcel # _____

Job Cost: \$101088 Description of Work to be done: 2.5 ton HP split - 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: _____

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.
Address

28280
License #

9198953000
Telephone

Kindheating@gmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 5/2/22

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 66 Lillington, NC 27546 - Ph: 910-893-7625 - Fax: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Anali Gonzalez Phone: 8179391870
Owner (s) Mailing Address: 54 Haywood St Spring Lake

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$11200 Description of Work to be done: 2.5 ton HP-split - 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: _____

Subdivision: _____ Lot #: _____

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.

VRE Electric
Contractor's Company Name

6401 Reeves Dr.
Address

32452
License #

9193562225
Telephone
knighthair1895@aol.com
Email Address
gmail

Structure Owner / Contractor Signature: Vance Gust Date: 5/2/22

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