

Application # WRRES2205-0004

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

Owner (s) of Structure: Lisa Stanley Phone: 9103033674  
Owner (s) Mailing Address: 475 Lind Dr. Broadway

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

Job Cost: \$750 Description of Work to be done: 2.5 ton HP split - Crawl

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.

VE Electric  
Contractor's Company Name  
1040 Reeves Dr  
Address  
32452  
License #

9193562225  
Telephone  
kinghair1850@gmail.com  
Email Address

Structure Owner / Contractor Signature: Vance Gust 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 65 Lillington, NC 27548 - Ph: 910-893-7525 - Fax 910-893-2793 - www.harnett.org/permits  
Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: Lisa Stanley Phone: 91030331074  
Owner (s) Mailing Address: 217 Juno Dr. Broadway

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

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

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

Job Cost: \$7500 Description of Work to be done: 2.5 ton HP split - Crawl

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 #

9198953100  
Telephone  
Kindhtair1895co  
Email Address  
gmail

Structure Owner / Contractor Signature: Roy Mills 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