

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: Travis Taylor Phone: 9105201053
Owner (s) Mailing Address: 154 Lockwood Dr. Cameron

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$10410 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: _____

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.

VRA Electrical
Contractor's Company Name

10401 Keeles Dr. Sanford
Address

32452
License #

9193562225
Telephone

Kindtgair1895@gmail.com
Email Address

Structure Owner / Contractor Signature: Vance Gust Date: 5/10/22

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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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.

Structure Owner / Contractor Signature: [Signature] License # 28280
 Date: 5/18/22
 Contractor's Company Name: King Heating & Air
 Address: 2327 Wilson Rd
 Telephone: 9198953100
 Email Address: kingh@aol.com

other applicable State and local laws, ordinances and regulations.
 perform such work on the above structure legally. All work shall comply with the State Building Code and all I am the building owner or my NC state license number is 28280 which entitles me to

Subdivision: _____
 Lot #: _____
 (Contractor's Name) King Mills will provide the Mechanical labor on this structure.

Specific Directions to Job from Lillington:
 Plumbing: Water/Sewer Tap Number of Baths _____ Water Heater _____
 Electrical: 200 Amp <200 Amp Service Change Service Reconnect Other _____
 * For Progress Energy customers we need the premise number _____
 Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other _____

Job Cost: \$10410 Description of Work to be done: HVAC changeout/Air
 PIN # _____ Parcel # _____

Land Owner Name (a): _____
 Construction or Site Address: _____
 Phone: _____
 Owner (a) of Structure: Travis Taylor Phone: 9195201053
 Owner (a) Mailing Address: 157 Lockwood Dr. Cameron

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