

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: CLAUDETTE DANTZER Phone: 910 814-1149

Owner (s) Mailing Address: 61 SPIRAL BRANCH CT.
LINDEN, NC 28356

Land Owner Name (s): CLAUDETTE DANTZER Phone: 910 814-1149

Construction or Site Address: 61 SPIRAL BRANCH CT.

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done CHANGE OUT SPLIT HEAT PUMP. NO DUCT WORK

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 MARK-AIR/ALLMAN ELEC. will provide the MECHANICAL/ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 35473/6136U, 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.

MARK-AIR INC./ALLMAN ELECTRIC

Contractor's Company Name

PO BOX 41104 FAYETTEVILLE 28309

Address

35473/6136U

License #

910 484-6565

Telephone

MARKAIRINC@NC.RR.COM

Email Address

Structure Owner / Contractor Signature:  Date: 5.12.22

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**