

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: Al Eriksen Phone: 10315211799
Owner (s) Mailing Address: 40 CAULON P.W.S. DR.

Lend Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 1704 Description of Work to be done Bath floors HVAC changeout
SMITH/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

Kindair1895a

Email Address

gmail

Structure Owner / Contractor Signature: [Signature] Date: 5/11/22

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 # _____

Hamett County Central Permitting
PO Box 65 Lillington, NC 27548 - P: 910-893-7525 - F: 910-893-2793 - www.hamett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Al Eriksen Phone: 1031521799
Owner (s) Mailing Address: 40 CAMERON Pines Dr.

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 11704 Description of Work to be done: Both floors HVAC changeout
with H/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, 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.

VPG Electrical
Contractor's Company Name
10401 Reeves Dr.
Address
32452
License #

9193502225
Telephone
kindhair1850
Email Address
gmail

Structure Owner / Contractor Signature: Vance Gust Date: 5/16/22

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