

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: Robbie Back Phone: 910-489-1007

Owner (s) Mailing Address: 116 Stone Chase Way Spring Lake NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 5,00.00 Description of Work to be done Goodman 16 SEER 2 stage variable speed
4 ton split system heat pump with 10kw electric heat

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 Honest Air L.L.C. will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 34140, 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.

Honest Air L.L.C. _____ 910 849 8818
Contractor's Company Name Telephone
2026 Hope Mills Rd Fayetteville 28304 Honestairdispatch@gmail.com
Address Email Address
34140
License #

Structure Owner / Contractor Signature: Erin Cashwell Date: 5/18/22

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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Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Wo's Electric will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 19628U, 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.

Wo's Electric
Contractor's Company Name
575 Cope Rd Red Springs, NC 28377
Address
19628U
License # _____

910-850-5495
Telephone

Email Address

Structure Owner / Contractor Signature: John Wilson Date: 5/18/22

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**