

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: DANITA McLEAN-Sparks Phone: 910-985-0409

Owner (s) Mailing Address: _____

Land Owner Name (s): Same Phone: _____

Construction or Site Address: 5658 Old US 421 Lillington

PIN # _____ Parcel # _____

Job Cost: 7330 Description of Work to be done _____

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 Indoor Comfort Sys will provide the Mech/Elec labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 17615/2646, 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.

Indoor Comfort Systems LLC
Contractor's Company Name

910-897-1853
Telephone

PO Box 307 Coats, NC 27521
Address

Email Address

17615/2646
License #

Structure Owner / Contractor Signature: [Signature] Date: 6-9-22

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**