

Application # _____

Harnett County Central Permitting
PO Box 88 Lillington, NC 27548 - 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: Andrew Holmes Phone: 703 200 1250
Owner (s) Mailing Address: 124 Gallery Dr. Spring Lake

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: _____
PIN # _____ Parcel # _____

Job Cost: \$ 7125 Description of Work to be done: Duplex - Unit located in Mechanical room - 3 ton total unit 302

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
282 Wilson Rd.
Address
28280
License #

919 893 3600
Telephone
Kindheatingair@gmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 11/14/22

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 # _____

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: Andrew Holmes Phone: 7032001250
Owner (s) Mailing Address: 124 Gallery Dr. Springlake

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$725 Description of Work to be done: Duplex - Unit located in
Mechanical room - 3brn total unit 302

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.

VRG Electrical
Contractor's Company Name
1401 Reeves Dr.
Address
32452
License #

9193562225
Telephone
kmhntgair185@a
Email Address
gmail.com

Structure Owner / Contractor Signature: Vance Gust Date: 11/14/22

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