

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: Joshua Nolan Phone: 910-988-6624

Owner (s) Mailing Address: 428 Dunbar Dr Lillington NC 27546

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \$5,000.00 Description of Work to be done Goodman 14 SEER 1.5 ton split system heat pump with 5kw 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 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.

<u>Wo's Electric</u>	<u>910-850-5495</u>
Contractor's Company Name	Telephone
<u>575 Cope Rd Red Springs, NC 28377</u>	_____
Address	Email Address
<u>19628U</u>	_____
License #	_____

Structure Owner / Contractor Signature: John Wilson Date: 6/15/22

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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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.  
Contractor's Company Name  
2026 Hope Mills Rd Fayetteville 28304  
Address  
34140  
License # \_\_\_\_\_

910.849.8818  
Telephone  
Honestairdispatch@gmail.com  
Email Address

Structure Owner / Contractor Signature: Erin Cashwell Date: 6/15/22

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