

Application # _____

Harnett County Central Permitting
PO Box 85 Lillington, NC 27548 - Ph: 910-893-7625 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Dilvia Reyes Phone: 9193534724
Owner (s) Mailing Address: 819 John Rosser Rd.

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: 819 John Rosser Rd
PIN # _____ Parcel # _____

Job Cost: \$8767⁰⁰ Description of Work to be done: HVAC changeout / 2.5 ton HP split

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, Ray Mills III 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.

King Heating & Air Telephone: 9198953600
Contractor's Company Name Address: 232 Wilson Rd Sanford NC 27332 Email Address: kinghtgair1895@gmail.com
License #: 28280

Structure Owner / Contractor Signature: [Signature] Date: 6/23/22

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 85 Lillington, NC 27546 - Ph: 910-893-7825 - Fax: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Dilvia Reyes Phone: 9193534724
Owner (s) Mailing Address: 819 John Rosser Rd.

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: 819 John Rosser Rd.
PIN # _____ Parcel # _____

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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.

VRC Electrical
Contractor's Company Name
3401 Reeves Dr. Sanford, NC 27332
Address
30452
License #

919-356-2225
Telephone
Kinghtgair1895@gmail.com
Email Address

Structure Owner / Contractor Signature: Vance Gust Date: 6/23/22

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*Company name, address, & phone must match information on license