

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27848 - 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: Gary Bierce Phone: 202-521-9482
Owner (s) Mailing Address: 340 Cresthaven Dr.

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: 340 Cresthaven Dr.
PIN # _____ Parcel # _____

Job Cost: \$10199 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, 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
Contractors Company Name
232 Wilson Rd
Address
28280
License #

919-895-3600
Telephone
kinghtrair1895@gmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 10/23/22

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 05 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: Cathy Bjerke Phone: 202-5279482
Owner (s) Mailing Address: 340 Creshaven Dr.

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: 340 Creshaven Dr.
PIN # _____ Parcel # _____

Job Cost: \$1099 Description of Work to be done: HVAC changeout / 1.5 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, 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.

V.P.G. Electrical
Contractor's Company Name
3401 Beeles Rd Sanford, NC 27332
Address
32452
License #

9198562825
Telephone
Kenahair1895@gmail.com
Email Address

Structure Owner / Contractor Signature: Vance Gust Date: 10/23/22

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