

Application # \_\_\_\_\_

**Harnett County Central Permitting**  
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.hamett.org/permits  
Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: Dolores Walter Phone: (919) 809-0083  
Owner (s) Mailing Address: 154 Rosebud Street  
Spring Lake NC 28390  
Land Owner Name (s): Dolores Walter Phone: (919) 809-0083  
Construction or Site Address: 154 Rosebud St, Spring Lake NC 28390  
PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: 200 Description of Work to be done: Disconnect the old system and connect the new system to the existing electrical connections

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 Thermo Direct will provide the electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 29609, 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.

Thermo Direct (919) 662-4112  
Contractor's Company Name Telephone  
4901 Trademark Drive, Raleigh NC 27610 homeprojects@thermodirectinc.com  
Address Email Address  
29609-41  
License #

Structure Owner / Contractor Signature: [Signature] Date: 7-5-2022

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 # \_\_\_\_\_

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Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: Dolores Walters Phone: (919) 809-0083

Owner (s) Mailing Address: 154 Rosebud Street  
Spring Lake NC 28390

Land Owner Name (s): Dolores Walters Phone: (919) 809-0083

Construction or Site Address: 154 Rosebud St, Spring Lake NC 28390

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

Job Cost: 2000.00 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 Thermo Direct will provide the mechanical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23462, 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.

Thermo Direct  
Contractor's Company Name

(919) 662-4112  
Telephone

4901 Trademark Drive, Raleigh NC 27610  
Address

homeprojects@thermodirectinc.com  
Email Address

23463 H-3  
License #

Structure Owner / Contractor Signature: [Signature] Date: 7-5-2022

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**