

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: Corin Cobbler Phone: 910 753 5728  
Owner (s) Mailing Address: ~~48 Appleton Way~~ 48 Appleton Way

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

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

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

Job Cost: \$10910 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: Scuttle - Attic HVAC Changeout

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.

King Heating & Air  
Contractor's Company Name

232 Wilson Rd.  
Address

28280  
License #

9198953100  
Telephone

kinghtair1895@gmail.com  
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 7/7/22

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

Owner (s) of Structure: Conin Cobbler Phone: 910 753 5728

Owner (s) Mailing Address: 48 Appleton Way

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

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

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

Job Cost: \$19100 Description of Work to be done: Seethe - Attic HVAC Changeout

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, Vanne 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  
10401 Reeves Dr  
Address  
32452  
License #

9193562225  
Telephone  
knighthair1895@aol.com  
Email Address  
gmail

Structure Owner / Contractor Signature: Vanne Gust Date: 7/7/22

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**