

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 – Physical Address – 420 McKinney PKWY Lillington NC 27546

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: Danny Williams Phone: 919-639-2093

Owner (s) Mailing Address: 115 Moonlight dv. fuquay vanna

Land Owner Name (s): Danny Williams Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): \$1825⁰⁰ Description of Work to be done: change out 2.5 ton heat pump

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 Tony Stephenson will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 18644, 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.

Stephenson heating and air
Contractor's Company Name

919-329-0680
Telephone

343 shipwash dr garner, NC 27529
Address

stephensonservice@hotmail.com
Email Address

18644
License #

Structure Owner / Contractor Signature: Tony Date: 7-19-22

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**

Faxed or Mailed application could have an approximately 1-5 day process time

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Owner (s) Mailing Address: 115 Moonlight dr Fuquay

Land Owner Name (s): Danny Williams Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): \$200 Description of Work to be done: disconnect + Reconnect electrical for HVAC system.

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 Bobby Jackson will provide the electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21144, 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.

R.A. Jackson electric
Contractor's Company Name

919-894-5367
Telephone

9261 Raleigh Road Benson, NC 27504
Address

Email Address

21144
License #

Structure Owner / Contractor Signature: [Signature] Date: 7-19-22

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