

Application # _____

Harnett County Central Permitting
PO Box 05 Lillington, NC 27846 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (a) of Structure: Sandra Williams Phone: 9192625310
Owner (a) Mailing Address: 330 ATKINS RD. FUQUAY-VARINA

Land Owner Name (a): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$10749 Description of Work to be done: 2.5 ton HP split change out to include full duct 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 #: _____

Roy Milk 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
kinghtair1895a@gmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] # _____ Date: 8/3/22

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 27548 - 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: Jandra Gulliam Phone: 919 218 25310
Owner (s) Mailing Address: 330 Atkins Rd. Fuquay Varina

Lend Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$10749 Description of Work to be done: 2.5 ton HP split changeout to include full duct system

Mechanical: New Unit With Ductwork New Unit Without Ductwork _____ Gas Piping _____ Other _____

Electrical: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect _____ Other _____
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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.

VR Electric
Contractor's Company Name
232 Wilson Rd
Address
32452
Licence #

919 350 2225
Telephone
Kindra@vr1895.com
Email Address
v.gust@vr1895.com

Structure Owner / Contractor Signatures: Vance Gust Date: 9/3/22

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