Application #	
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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: 2shakira+John Smith Phone: 910-987-1013
Owner (s) Mailing Address: 495 New Costle Lane Springlalu, NC 28390
Land Owner Name (s): <u>Same as about</u> Phone:
Construction or Site Address:
PIN # Parcel #
Job Cost: 99,30232 Description of Work to be done Change out of a 3 to split system heat pump condustr + airhandler. Presimented to existing declarated to existing electrical.
Mechanical: New Unit With Ductwork New Unit Without Ductwork X Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other X reconnect Other x 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 faust Heating + At Coolthe will provide the <u>Electrical recornect</u> labor on this structure. (Contractors Name) (Trade)
I fact Heating + At Cooktowill provide the <u>Electrical recoved</u> labor on this structure. (Contractors Name) I am the building owner or my NC state license number is 1439 142-143, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all
I faust Heating + At Coolthe will provide the <u>Electrical recornect</u> labor on this structure. (Contractors Name) (Trade)
I faust Heating + At Contraval provide the Recting NAT and (Contractors Name) I am the building owner or my NC state license number is 1439 H2-143, 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. Foust Heating Air Contitions The Contractor's Company Name Telephone Address Email Address Email Address
I faust Heating + At Controval provide the Electrical recovered labor on this structure. (Contractors Name) I am the building owner or my NC state license number is 143942-143, 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. Foust Heating - Air Contitions Tree Contractor's Company Name Telephone Limefourt air was
I foust Heating + Air Conditional provide the Rectifical recovered labor on this structure. (Contractors Name) I am the building owner or my NC state license number is 1439 12-143 , 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. Foust Rectifications Tree Conditions Tree Contractor's Company Name Telephone Linefautia: wan Email Address IFU39 H2-H3/274135P PH

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