

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: Erika Anderson Phone: 919 822-5857

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 1806 Ball Rd Holly Springs, NC

PIN # _____ Parcel # _____

Job Cost: 5500 Description of Work to be done Replace Heat Pump + Air Handling

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 Town 2 Electrical LLC

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater #34860

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I James Valco will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 34406, 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.

Thermal Waves Mechanical LLC
Contractor's Company Name

919 822 5857
Telephone

203 wellington dr
Address

knig@tdc hvac@gmail.com
Email Address

34406
License #

Structure Owner / Contractor Signature: _____ Date: 8-17-22

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**