

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: Donald Collins Phone: (910) 850-8712

Owner (s) Mailing Address: 546 Byrd Rd, Bunnlevel, NC 28323

Land Owner Name (s): Same as above Phone: (910) 850-8712

Construction or Site Address: Same as above

PIN # _____ Parcel # _____

Job Cost (Required): \$1,5500 Description of Work to be done Change out 2.5T HP

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 Solomon Maryland will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

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

Solomon Maryland Heating + Air (252) 883-1841
Contractor's Company Name Telephone
1629 W. Raleigh Blvd, Rocky Mt, NC Solomon.Maryland@
Address 27803 Email Address yahoo.com
22114
License #

Structure Owner / Contractor Signature: Solomon Maryland Date: Aug. 18, 2022

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

Filed 8/18

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

Owner (s) of Structure: Donald Collins Phone: 910 853 8712

Owner (s) Mailing Address: 546 Boyd Rd, Bunn Level, NC 28323

Land Owner Name (s): Same as Above Phone: SAA

Construction or Site Address: SAA

PIN # _____ Parcel # _____

Job Cost (Required): \$500 Description of Work to be done Reconnect Power after HVAC changeout of 2.5 Ton HP

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 Carl Cousar will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

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

Carlton Cousar Electric
Contractor's Company Name

252 904-9411
Telephone

1716 Foxhall Dr. Rocky Mount NC 27804
Address

~~carlcousar@carltoncousar~~
Email Address @gmail.com

19582-L
License #

bonesthe man@gmail.com

Structure Owner / Contractor Signature: Carl Cousar Date: Aug 18, 2012

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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