Application #	No. 1567	P. 2
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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: Clift Klaya	Phone: 803-262-9374
Owner (s) Mailing Address: 14 Lengir Drive	
Spring Lake No 21:	390
Land Owner Name (s):	
Construction or Site Address:	
PIN # Parcel #	
Job Cost: 16,034 Description of Work to be done Change Change Change Change Change Change Change Change Dut (1) 2.5 To Split he Mechanical: New Unit With Ductwork New Unit Without Ductwork: 200 Amp Service Change Service Change Service Change Number of Baths Specific Directions to Job from Lillington:	Service Reconnect \(\sum_{\text{on Split heat Pump}} \) Water Heater \(\sum_{\text{on Split heat Pump}} \)
Subdivision:L	ot #:
MARK-AIR/ALLMAN ELEC. will provide the MECHANICAL/ELEC (Contractors Name) (Contractors Name) (I am the building owner or my NC state license number is 35 473/61 perform such work on the above structure legally. All work shall continue applicable State and local laws, ordinances and regulations.	, which entitles me to
MARK-AIR INC./ALLMAN ELECTRIC	910 484-6565
Contractor's Company Name	Telephone
PO BOX 41104 FAYETTEVILLE 28309	MARKAIRINC@NC.RR.COM
Address 35733/6136U	Email Address
License #	
Structure Owner / Contractor Signature: My Structure Owner / Contractor Owner / Cont	Date: 3-14-23
purchase permits on their behalf. If doing the work as owner you un the listed property for 12 months after completion of the listed work	

*Company name, address, & phone must match information on license