

Application # _____

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: MICHELLE SANTOS Phone: 919-895-9582

Owner (s) Mailing Address: 560 NICOLE DRIVE
SANFORD, NC 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 560 NICOLE DRIVE SANFORD, NC 27332

PIN # _____ Parcel # _____

Job Cost (Required): \$17,500.00 Description of Work to be done CHANGE OUT PACKAGED HEAT PUMP

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: GO 4015 TURN RIGHT ONTO NC 27 TURN LEFT ONTO BUFFALO LAKE ROAD TURN RIGHT ONTO NICOLE DRIVE

Subdivision: _____ Lot #: _____

I NORMAN'S HEATING AND COOLING will provide the MECHANICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 29498, 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.

NORMAN'S HEATING AND COOLING LLC Telephone 919-410-1866
Contractor's Company Name
1135 BRIDLEMINE DRIVE FURWAY-VARINA, NC Email Address ronaldnorman@live.com
Address 27526
License # 29498

Structure Owner / Contractor Signature: [Signature] Date: 26 SEPT 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

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Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: Michelle Santos Phone: _____

Owner (s) Mailing Address: 560 Nicole Dr
Sanford, NC 29332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 560 Nicole Dr Sanford, NC 29332

PIN # _____ Parcel # _____

Job Cost (Required): 1600.00 Description of Work to be done: Reconnect wire to
UNIT

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 Black & Roberson will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 8900, 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.

Black & Roberson Telephone 252 819 1464

Contractor's Company Name 1715 Black Rd Robersonville, NC

Address 8900 License # _____

Structure Owner / Contractor Signature: Kenny Roberson Date: 9/26/22

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**

Faxed or Mailed application could have an approximately 1-5 day process time