

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: Donna Cortez Phone: 919-353-6982

Owner (s) Mailing Address: 155 Red Bird Dr.

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 155 Red Bird Dr.

PIN # _____ Parcel # _____

Job Cost (Required): \$8092 Description of Work to be done HVAC changeout / 3.5 ton HP Split (MH)

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 Roy F. Mills III will provide the _____ Mechanical _____ labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 28280, 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.

King Heating & Air
Contractor's Company Name

232 Wilson Rd., Sanford NC 27332
Address

28280
License #

919-895-3600
Telephone
kinghtgair1895@gmail.com
Email Address

Structure Owner / Contractor Signature: Roy F. Mills III Date: 11/30/22

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

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Owner (s) of Structure: Donna Cortez Phone: 919-353-6982
Owner (s) Mailing Address: 155 Red Bird Dr

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: 155 Red Bird Dr.
PIN # _____ Parcel # _____

Job Cost (Required): \$1012 Description of Work to be done: HVAC changeout / 3.5 ton
HP Split (MH)

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 Vance Gust will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32452, 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.

VRG Electrical
Contractor's Company Name
6401 Reeves Dr., Sanford NC 27332
Address
32452
License #

919-356-2225
Telephone
kinghtqair1895@gmail.com
Email Address

Structure Owner / Contractor Signature: Vance Gust Date: 11/30/22

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.

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