## **FAX COVER SHEET**



Address: 1139 Robeson St. Fayetteville NC 28305 Phone: (910) 483-8790 / Fax: (910) 483-8737 Email: Info@CapeFearAir.com Web: www.CapeFearAir.com TO: Harnet County DATE: **COMPANY NAME:** FROM: Jame: Dave Burks 013300607273

Application #_	
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: 7 Phone: 910-102 Owner (s) Mailing Address: C 28305 Land Owner Name (s): Phone: Construction or Site Address: PIN# Parcel# \* 2 systems \* Job Cost (Required): 25 003 Description of Work to be done HVAC Mechanical: New Unit With Ductwork New Unit Without Ductwork V Gas Piping Changeout Service Change \_\_\_ Service Reconnect \_\_\_ Other  $\swarrow VQ$ Electrical\*: 200 Amp <200 Amp \* 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: 1500 will provide the (Trade) I am the building owner or my NC state license number is 30052 H2/31418. 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. ectnical Services

Structure Owner / Contractor Signature: <u>FENDING Johnson</u> Date: 12/2/22

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