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) Mailing Address: L Land Owner Name (s): Construction or Site Address:\_\_ PIN# Parcel # Description of Work to be done HVAC Change Out Mechanical: New Unit With Ductwork \_\_\_\_ New Unit Without Ductwork 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: 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** 919-356-2225 Contractor's Company Name Telephone 6401 Reeves Dr., Sanford NC 27332 kinghtgair1895@gmail.com Address Email Address 32452 License #

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

Structure Owner / Contractor Signature:

\*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: Jim Sharp	Phone: 919-721-8846
	ailing Address: 40 Sonya	Ct.
	Sanford	NC 27332
Land Owner		Phone:
Construction	or Site Address:	
PIN #		Parcel #
	equired): 9364 Description of	Work to be done HVac Changeout
Mechanical:	New Unit With Ductwork Ne	ew Unit Without Ductwork X Gas Piping Other
Electrical*:	200 Amp <200 Amp Se * For Progress Energy customer	rvice Change Service Reconnect Other s we need the premise number
Plumbing:	Water/Sewer Tap Nur	mber of Baths Water Heater
Specific Direct	ctions to Job from Lillington:	
Subdivision: _		Lot #:
I am the build	ing owner or my NC state license	Mechanical labor on this structure.  (Trade)  number is, which entitles me to
perform such	work on the above structure legal	ly. All work shall comply with the State Building Code and all
other applicab	ole State and local laws, ordinance	es and regulations.
Contractor's C	King Heating & Air Company Name	919-895-3600 Telephone
232 Wilson I Address	Rd., Sanford NC 27332	kinghtgair1895@gmail.com Email Address
28280 License #	— <i>I</i>	In Ithiat - 12 -20 as
	er / Contractor Signature:	W 1 1 1 1 1 Date: 17 - 29 - 22
By signing this app behalf. If doing the listed work.	plication, you affirm that you have obtained work as owner you understand that you d	d permission from the above listed license holder to purchase permits on their cannot sent, lease or sell the listed property for 12 months after completion of the

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