Application #_

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: MICHAEL LEEPhone:	
Owner (s) Mailing Address: 2130 WESTCHESTER DIRVE APT 4	
MANHATTAN, KS 66503	
Land Owner Name (s):Phone:Phone:	
PIN # Parcel #	
Job Cost: \$7,197.00 Description of Work to be done CHANGE OUT 2 TON S/S HEAT PUMP	
Mechanical: New Unit With Ductwork New Unit Without Ductwork _X_ 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 BASS AIR CONDITIONINGwill provide the MECHANICAL labor on this structure. (Contractors Name) (Trade) I am the building owner or my NC state license number is 33586 , which entitles me to	
perform such work on the characteristics level to all the all the all the second many 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.	
BASS AIR CONDITIONING COMPANY, INC 910-424-3570	
Contractor's Company Name Telephone	
3261 NATAL STREET, FAYETTEVILLE NC 28306 STACY@BASS-AIR.COM	
Address 33586 Email Address	
License #	
Structure Owner / Contractor Signature: Add Summ Date: 12023	
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

Application	#
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Owner (s) of Structure: Michael Lee Phone:
Owner (s) Mailing Address: 2/30 () which when I Ast 4
Manhattan, KS 64503
Land Owner Name (s):Phone:
Construction or Site Address: 101 Lockwood St. CAmeron, UC 26326
PIN # Parcel #
Job Cost (Required):Description of Work to be done Relack 2 Your Sto HH
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: Killing R 2 to 4 8 Rw Split (Base 4/15)
Subdivision:Lot #:
Donne Lowche will provide the Charlical labor on this structure. (Contractors Name) (Trade) I am the building owner or my NC state license number is 12.5868, 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.
Contractor's Company Name 345 Wilkes Rd Fryotteville, MC Service Allman electric, com Address U-35868
Structure Owner / Contractor Signature:
By signing this application you affirm that you have obtained named in the state of

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