

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: Curmen Estrada Phone: 910-445-3465

Owner (s) Mailing Address: 306 Valley View Ct.
Sanford NC 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): ^{\$}10,488 Description of Work to be done HVAC changeout/4TON
HP Split /Attic

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

919-895-3600
Telephone

232 Wilson Rd., Sanford NC 27332
Address

kinghtgair1895@gmail.com
Email Address

28280
License #

Structure Owner / Contractor Signature: Roy F. Mills III Date: 1/30/23

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: Carmen Estrada Phone: 910-445-3405

Owner (s) Mailing Address: 306 Valley View Ct., Sanford 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): \$10,488 Description of Work to be done: HVAC changeout / 4 TON HPSplit / Attic

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

919-356-2225
Telephone

6401 Reeves Dr., Sanford NC 27332
Address

kinghtgair1895@gmail.com
Email Address

32452
License #

Structure Owner / Contractor Signature: Vance Gust Date: 1/30/23

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**

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