

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: Brianne Mingey Phone: 270-849-5042

Owner (s) Mailing Address: 2109 Pine Valley Ln  
Sanford NC 27332

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost (Required): <sup>\$</sup>1752 Description of Work to be done HVAC Changeout /  
2.5 TON 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 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: [Signature] Date: 3-17-23

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: Brianne Mingey Phone: 270-849-5042

Owner (s) Mailing Address: 269 Pine Valley Ln.  
Sanford NC 27332

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost (Required): \$16752.<sup>00</sup> Description of Work to be done HVAC Changeout  
2.5 TON HP Split / AHC

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: 3-11-23

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.

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