

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: TERI LECESSÉ Phone: (919)457-2330

Owner (s) Mailing Address: 1084 S. LINCOLN STREET
COATS, NC 27521

Land Owner Name (s): (SAME AS ABOVE) LECESSÉ Phone: (919) 457-2330

Construction or Site Address: 1084 S. LINCOLN STREET COATS, NC 27521

PIN # _____ Parcel # _____

Job Cost (Required): _____ Description of Work to be done REMOVE EXISTING HEAT PUMP SYSTEMS (2) TO INSTALL (2) NEW HEAT PUMP SYSTEMS

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:

HEAD SOUTH ON MCKINNEY PARKWAY TO US HWY 421 AND TURN LEFT. TRAVEL TO 421 AND TURN RIGHT ONTO 115-421. TRAVEL APPROXIMATELY 3 MILES THEN TURN LEFT ON LESLIE CAMPBELL AVE. STAY ON LESLIE CAMPBELL AVE, MERGE ONTO NC-27 E TO COATS. RIGHT ON MCKINLEY ST, LEFT ON E. MAIN ST. WHICH BECOMES S. LINCOLN ST. HOME WILL BE ON YOUR RIGHT.
Subdivision: (N/A) Lot #: (N/A)

I QUALITY COMFORT SERVICES will provide the HVAC MECH & ELEC labor on this structure.
(Contractors Name) TRACY ALAN BANKS (Trade)

I am the building owner or my NC state license number is 21368/SP.PH.24410, 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.

QUALITY COMFORT SERVICES, INC.
Contractor's Company Name

725 BETHLEHEM ROAD KNIGHTDALE, NC 27545
Address

21368/SP.PH.24410
License #

(919) 217-5646
Telephone

info@qualitycomfortservicesinc.com
Email Address

Structure Owner / Contractor Signature: Tracy Banks Date: 3/28/23

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