| Application # |  |
|---------------|--|
| ADDIICALIOH # |  |

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:

|  | Name (s):  |  | Pho   | one:                         |  |
|--|--|--|---|------------------------------|--|
|  |  |  |   |                              |  |
|  | or Site Address:   |  |   |                              | A CONTRACTOR OF THE SECOND SEC |
| PIN#   | and the same of th | Parcel   | #   |                              |  |
| Job Cost (R  | equired): \$17,003 Descr<br>WotpWWp SPI  | iption of Work to  | be done HVAC  | Change<br>luct line          | out 17 tons<br>13 = 14 ton unit  |
| Mechanical:  | New Unit With Ductwork   | k New Unit \   | Without Ductwork                                    | X Gas Pipi                   | ng Other   |
| Electrical*:                                       | 200 Amp <200 Amp<br>* For Progress Energy of   | p Service Ch   | ange Service  | Reconnect _<br>mber          | Other  |
| Plumbing:  | Water/Sewer Tap  | _ Number of  | Baths Wa  | ter Heater                   |  |
| Specific Dire                                      | ections to Job from Lillingt   | <u>on</u> :  |   |                              |  |
| Commence of the commence of                        | in representation of the contract of the contr | e de la companya de l |   |                              |  |
|  |  |  |   |                              |  |
| Subdivision:                                       |  |  | Lot#:   |                              | gramma agreement of the comment of t |
| Cubaivision.                                       |  |  |   |                              |  |
| I Pov F Mi   | ille III will n  | rovide the   | Mechanical  |                              | _ labor on this structure.   |
| (Co  | ontractors Name)   | Transaction and  | (Trade  | 9)                           | nicologie profitte communicati   |
| I am the buil                                      | lding owner or my NC sta   | te license numbe   | er is28280  | edicipality on a property of | , which entitles me to   |
|  | h work on the above struc  |  |   |                              |  |
|  | able State and local laws,   |  |   |                              |  |
| outer applied                                      |  | The state of the s |   |                              |  |
| The same of the                                    | King Heating & Air   |  |   | 919-8                        | 95-3600  |
| Contractor's                                       | Company Name   |  |   | Telephone                    |  |
| 232 Wilson   | n Rd., Sanford NC 27332  |  |   |                              | 1895@gmail.com   |
| Address  | Kind (State of the American State of the Ame |  |   | Email Add                    | ress   |
| 28280  |  |  |   |                              |  |
| License #  |  |  |   |                              |  |
|  |  | X  | 11.1  | 1.4                          | 4/14/1-  |
| Structure Ov                                       | wner / Contractor Signatu  | ire: LOW   | 7 MIL   | Upr                          | Date: 4/10/23  |
| By signing this<br>behalf. If doing<br>listed work | application, you affirm that you the work as owner you unders  | have obtained permitand that you cannot  | nission from the above<br>t rent, lease or sell the | e listed license h           | older to purchase permits on the for 12 months after completion of   |

\*Company name, address, & phone must match information on license Faxed or Mailed application could have an approximately 1-5 day process time

| Application | # |
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Certification of Work Performed By Owner/Contractor (Individual Trade Application)

| Owner (s) of Structure: Tanka kamka  | Phone: 501-425-4951  |
|--|--|
| Owner (s) Mailing Address: 848 SWEET Respiring   | Ln.  |
| Land Owner Name (s):   | _Phone:  |
| Construction or Site Address:  |  |
| PIN # Parcel #   |  |
| Job Cost (Required): 1213 Description of Work to be done the Description of Work to Description of W | AC Changeaut / 7 tons<br>e duct line / 344 ton uni   |
| Mechanical: New Unit With Ductwork New Unit Without Ductw  | rork X Gas Piping Other  |
| Electrical*: 200 Amp <200 Amp Service Change Se  * For Progress Energy customers we need the premise   | rvice Reconnect Other<br>e number  |
| Plumbing: Water/Sewer Tap Number of Baths  | Water Heater   |
| Specific Directions to Job from Lillington:  |  |
|  |  |
|  |  |
|  |  |
| Subdivision:Lot  | t#:  |
| Subdivision:Lo   | t#:  |
| Vance Gust will provide the Electrical   | labor on this structure.   |
| I <u>Vance Gust</u> will provide the <u>Electrical</u> (Contractors Name) (T   | labor on this structure.   |
| Vance Gust   | labor on this structure.   |
| Vance Gust   will provide the   Electrical   | labor on this structure.   |
| Vance Gust   | labor on this structure.   |
| Vance Gust will provide the Electrical (Contractors Name) (T am the building owner or my NC state license number is 3245 perform such work on the above structure legally. All work shall conother applicable State and local laws, ordinances and regulations.  | labor on this structure.  Frade)  62 , which entitles me to mply with the State Building Code and all  |
| Vance Gust   will provide the   Electrical   | labor on this structure.   |
| Vance Gust will provide the Electrical (Contractors Name) (T am the building owner or my NC state license number is 3245 perform such work on the above structure legally. All work shall contractor applicable State and local laws, ordinances and regulations.  VRG Electrical Contractor's Company Name  | labor on this structure.  Frade)  i2, which entitles me to apply with the State Building Code and all   919-356-2225  Telephone                        |
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| Vance Gust will provide the Electrical (Contractors Name) (T am the building owner or my NC state license number is 3245 perform such work on the above structure legally. All work shall contractor applicable State and local laws, ordinances and regulations.  VRG Electrical Contractor's Company Name 6401 Reeves Dr., Sanford NC 27332  | labor on this structure.  izade)  iz, which entitles me to apply with the State Building Code and all  919-356-2225 Telephone kinghtgair1895@gmail.com |
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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