

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: WINSTON GROUP LLC Phone: 919 262 9113

Owner (s) Mailing Address: 51 BUTLER COMMONS DR.  
LILLINGTON, NC 27546

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

Construction or Site Address: 83 WINSTON DR. LILLINGTON

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

Job Cost: \_\_\_\_\_ Description of Work to be done CHANGE OUT AIR HANDLER ONLY

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

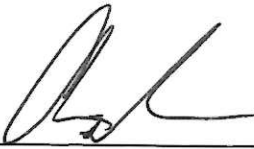
Subdivision: CAMPBELL POINTE Lot #: \_\_\_\_\_

I Larry Parker / ROBERT FARMER will provide the Mechanical / ELECTRICAL labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 20012 / 17363, 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.

Certified Heating & Air, Inc / FARMERS ELECTRIC  
Contractor's Company Name  
PO Box 1071 Hope Mills, NC 28348  
Address  
20012  
License # \_\_\_\_\_

910-858-0000  
Telephone  
ehrin.certified@gmail.com  
Email Address

Structure Owner / Contractor Signature:  Date: 4.25.23

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**

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: WINSTON GROUP LLC Phone: 919 262 9113

Owner (s) Mailing Address: 51 BUTLER COMMONS DR.  
LILLINGTON 27546

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

Construction or Site Address: 91 WINSTON DR. LILLINGTON

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

Job Cost: \_\_\_\_\_ Description of Work to be done CP AIR HANDLER ONLY

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: CAMPBELL PONTE Lot #: \_\_\_\_\_

I Larry Parker / ROBIE FARNER will provide the Mechanical / ELECTRICAL labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 20012 / 17363, 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.

Certified Heating & Air, Inc / FARNERS ELECTRIC

Contractor's Company Name

PO Box 1071 Hope Mills, NC 28348

Address

20012

License # \_\_\_\_\_

910-858-0000

Telephone

ehrin.certified@gmail.com

Email Address

Structure Owner / Contractor Signature:  Date: 4.25.23

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**