

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: Jermaine Williams Phone: 919-805-1652

Owner (s) Mailing Address: 91 Scarlet Oak Circle
Bunnlevel

Land Owner Name (s): Same as above Phone: _____

Construction or Site Address: Same as above

PIN # _____ Parcel # _____

Job Cost: 750.00 Description of Work to be done Reconnect HVAC equipment

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 Franklin Flowers will provide the electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 12732L, 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.

FW Flowers Electrical Services

919-738-1242

Contractor's Company Name

Telephone

119 Sheridan Rd

Address

Email Address

12732L

License #

Structure Owner / Contractor Signature: *Kayla Holmes* Date: 5/11/2023

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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Construction or Site Address: Same as above

PIN # _____ Parcel # _____

Job Cost: 17,000.00 Description of Work to be done: Remove and replace existing upper and lower split heat pumps, equipment only. Electrical panel in garage.

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:

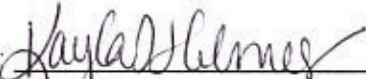
Subdivision: _____ Lot #: _____

I Michael Holmes will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 34743, 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.

Carolina Air Repair
Contractor's Company Name
653 Dr. Donnie H Jones Blvd
Address
34743
License # _____

919-583-4136
Telephone
carolinaairrepair1@gmail.com
Email Address

Structure Owner / Contractor Signature:  Date: 5/11/2023

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