

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: J Chandler/Debra Phone: 910-987-0618

Owner (s) Mailing Address: 281 Baynor Rd. Spring Lake NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): 1000.⁰⁰ Description of Work to be done replace 3 ton split

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 All Seasons AC + Htg will provide the mechanical labor on this structure.
(Contractors Name) (Trade)

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

All Seasons AC + Htg.
Contractor's Company Name
PO Box 48648 Cumberland NC 28331
Address
11972
License #

910-868-6206
Telephone
allseasons@ac.rc.com
Email Address

Structure Owner / Contractor Signature: Chandler Sbs Date: 5/15/23

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**

Application # _____

Harnett County Central Permitting

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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: J. Melander/Debra Byrd Phone: 910-987-0618

Owner (s) Mailing Address: 201 Raymond Rd Spring Lake NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): 1000.⁰⁰ Description of Work to be done reconnect HVAC

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 All Seasons AC + Htg will provide the electrical labor on this structure.
(Contractors Name) (Trade)

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

All Seasons AC + Htg
Contractor's Company Name
PO Box 48648 Cumberland NC 28331
Address
21207
License #

910 868 6206
Telephone
allseasons@ac.ac.com
Email Address

Structure Owner / Contractor Signature: Eddie Jagger Date: 5.15.23

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.

58 Hawk

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