Application	±
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:	Micki Burns		Phone: 910-527-7968	
Owner (s) M	ailing Addres	s: 234 Brandy	wood ct.	Mod New Co.	
		Cameron NC	28326		
Land Owner Name (s):			Santa began to 1925	Phone:	
Construction	or Site Addre	ess:	many at the second		
PIN#		P	arcel #		
Job Cost (R	equired):	Description of Wo	rk to be done HVO	c Changeout	
Mechanical:	New Unit W	fith Ductwork New I	Jnit Without Ductwo	ork V Gas Piping Other	
Electrical*:		<200 Amp Servicess Energy customers w		rice Reconnect Other number	
Plumbing:	Water/Se	wer Tap Numbe	r of Baths	Water Heater	
Specific Dire	ctions to Joh	from Lillington:			
Opcomo Dire					
Like the second section					
Subdivisions			Lot#	A STATE OF THE PROPERTY OF THE	
Subulvision.			Lot		
I Vance Gue	et	will provide the	Flectrical	labor on this structure.	
(Cor	ntractors Nam	e)	(Trac	de)	
am the build	ding owner or	my NC state license nun	nber is32452	, which entitles me to	
perform such	work on the	above structure legally.	All work shall compl	y with the State Building Code and all	
other applical	ble State and	local laws, ordinances a	nd regulations.		
Contractorie (	VRG Electri			919-356-2225	
Contractor's Company Name 6401 Reeves Dr., Sanford NC 27332				Telephone	
Address	es Dr., Santor	3 NC 27332		kinghtgair1895@gmail.com Email Address	
32452					
icense #					
		A /	0.	1 1 -	
Structure Owr	ner / Contract	or Signature:	re Gust	Date: 5/16/23	
y signing this ap	plication, you aff	irm that you have obtained per	mission from the above	listed license holder to purchase permits on the	

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

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

Owner (s) of Structure: Micks Burns	Phone: 910-527-7968
Owner (s) Mailing Address: 234 Brandywe	ood Ct.
Cameron NC	
Land Owner Name (s):	
Construction or Site Address:	
PIN#Parc	
Job Cost: Description of Work to be do	netVac Changeout
2 ton H	o split.
Mechanical: New Unit With Ductwork New Unit	
Electrical*: 200 Amp <200 Amp Service C  * For Progress Energy customers we n	change Service Reconnect Other eed the premise number
Plumbing: Water/Sewer Tap Number of	Baths Water Heater
Specific Directions to Job from Lillington:	
Specific Directions to 300 from Emiligion.	
Subdivision:	Lot #:
	alea!
Roy F. Mills III will provide the Mechan	labor on this structure.
(Contractors Name)  I am the building owner or my NC state license number	
I am the building owner or my NC state license number	week shall comply with the State Building Code and a
perform such work on the above structure legally. All	
other applicable State and local laws, ordinances and	regulations.
King Heating & Air Condtioning	919-895-3600
Contractor's Company Name	Telephone
232 Wilson Rd., Sanford NC 27332	kinghtgair1895@gmail.com
Address	Email Address
28280	
License #	$\Omega_{\alpha}$
Structure Owner / Contractor Signature.	1 hirst Date: 5/14/23
By signing this application you affirm that you have ob	tained permission from the above listed license holde
purchase permits on their behalf. If doing the work as	owner you understand that you cannot rent, lease or
he listed property for 12 months after completion of th	e listed work.

\*Company name, address, & phone must match information on license