## **FAX COVER SHEET**



Address: 1139 Robeson St. Fayetteville NC 28305 Phone: (910) 483-8790 / Fax: (910) 483-8737 Email: Info@CapeFearAir.com Web: www.CapeFearAir.com TO: HameH Countr DATE: **COMPANY NAME:** FROM: Kristin, juala @ capefearair, com ollowing cred

013300607273

Annlination #	
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: Owner (s) Mailing Address: Phone: Construction or Site Address: PIN# Parcel # Job Cost (Required): 15360 Description of Work to be done HVAC Changenu bundo system for bonus poom New Unit Without Ductwork X Gas Piping Other New Unit With Ductwork Mechanical: Changeout Electrical\*: Service Change \_\_\_ Service Reconnect \_\_\_ Other > Conc <200 Amp \* For Progress Energy customers we need the premise number Water/Sewer Tap Plumbing: Number of Baths Water Heater Specific Directions to Job from Lillington: Subdivision: old will provide the I am the building owner or my NC state license number is 30052 Ha 31418 L, 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.

Structure Owner / Contractor Signature: <u>Fersing</u> + ohnson Date: 5/26/23

License #

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