FAX COVER SHEET

CAPE FEAR
Air Conditioning & Heating Company, Inc.
HEATING • COOLING • INDOOR AIR QUALITY

Address: 1139 Robeson St. Fayetteville NC 28305
Phone: (910) 483-8790 / Fax: (910) 483-8737
Email: Info@CapeFearAir.com
Web: www.CapeFearAir.com

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TO: Harnett County Central Permitting

DATE:

COMPANY NAME: Inspections/Permitting

FAX#: 910-893-2793

FROM: kristin.juala@capefearair.com

# of pages: (Including Cover) 2

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NOTES: Please see the following mechanical/ electrical permit application for processing. Please charge the following credit card: Name: Dave Burks Visa # 4053013300607273 Exp: 03/25. Code: 634 Thank you!

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MRES2307-0020
expired

Harnett County Central Permitting

420 McKinney Pkwy / PO Box 65 Lillington, NC 27546 – centralpermitting@harnett.org
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: __Roy Young__ Phone: __910-797-1601__

Owner (s) Mailing Address: __127 Castlebay Dr__
__Sanford, NC 27332__

Land Owner Name (s): __Roy Young__ Phone: __910-797-1601__

Construction or Site Address: __127 Castlebay Dr Sanford NC 27332__

PIN # _____ Parcel # _____

Job Cost (Required): $__8396__ Description of Work to be done __Installing 18MBH floor__
__mount mini-split heat pump system for sunroom__
__including pulling new circuit — reapplying to schedule inspection__

Mechanical: New Unit With Ductwork ____ New Unit Without Ductwork _X_ Gas Piping ____ Other ____

Electrical*: 200 Amp ____ <200 Amp ____ Service Change ____ Service Reconnect ____ Other _X_ pull circuit
* For Progress Energy customers we need the premise number   for mini-split

Plumbing: Water/Sewer Tap ____ Number of Baths ____ Water Heater ____

<u>Specific Directions to Job from Lillington:</u>
_____
_____
_____

Subdivision: _____ Lot #: _____

I __Jeremy Johnson__ will provide the __HVAC/Electrical__ labor on this structure.
(Contractors Name)   (Trade)

I am the building owner or my NC state license number is __30052 H2/31418 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.

__Cape Fear A/c + Heating / Cape Fear Electrical Services__ __910-483-8790__
Contractor's Company Name   Telephone
__1139 Robeson St Fayetteville NC 28305__ __kristin.juala@capefearair.com__
Address   Email Address
__30052 H2/31418 L__
License #

Structure Owner / Contractor Signature: __Kristin C Juala__ Date: __2/5/24__

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

<u>Faxed or Mailed application could have an approximately 1-5 day process time</u>