Application #	
Application is	

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:	ouis Colter	Phone:	540-761-9617
Owner (s) Mailing Address:	45 Briarwood Pl.		
(-, <u>-</u>	Sanford NC 27332		
Land Owner Name (s):		Phone:	
Construction or Site Addres	s:		
PIN #	Parcel #		
Job Cost (Required):	Description of Work to be d	one_3.5 ton HP spli	t HVAC changeout
Mechanical: New Unit Wit	h Ductwork New Unit Witho	out Ductwork X	Gas Piping Other
	<200 Amp Service Change is Energy customers we need th		onnect Other
Plumbing: Water/Sew	er Tap Number of Baths	S Water He	eater
Specific Directions to Job fr	om Lillington:		
Opecinio Directionio to esp x			
Subdivision:		Lot #:	
Vance Gust	will provide the Electrical		abor on this structure.
(Contractors Name	will provide the Electrical	(Trade)	abor on this structure.
I am the building owner or r	ny NC state license number is _	32452	_, which entitles me to
	bove structure legally. All work		
	ocal laws, ordinances and regula		
VRG Electrical			-356-2225
Contractor's Company Nam	ne	Telep	phone
6401 Reeves Dr., Sanford I	NC 27332	king	htgair1895@gmail.com
Address 32452		Emai	il Address
License #			
Structure Owner / Contracto	or Signature: 1/2 n. 4	4 4	Date:
	of Signature. The series	us	Date:

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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(,, 5	Sanford NC 27332				
Land Owner Name (s):		Phone:			
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PIN #	Parcel #				
Job Cost (Required): \$86	Description of Work to be do	one 3.5 ton HP split HVAC changeout			
Mechanical: New Unit Wi	th Ductwork New Unit Withon	out Ductwork X Gas Piping Other			
Electrical*: 200 Amp * For Progres	<200 Amp Service Change ss Energy customers we need the	Service Reconnect Other e premise number			
Plumbing: Water/Sew	ver Tap Number of Baths	S Water Heater			
Specific Directions to Job fi	rom Lillington:				
Subdivision:	ubdivision:Lot #:				
Subdivision:					
Roy F Mills III	will provide the Mechanica	Il labor on this structure.			
(Contractors Name)	(Trade)			
I am the building owner or r	ny NC state license number is	28280 , which entitles me to			
perform such work on the a	bove structure legally. All work s	shall comply with the State Building Code and al			
other applicable State and I	local laws, ordinances and regulat	ations.			
King Heating & Air Cond	ditioning	919-895-3600			
Contractor's Company Name		Telephone			
232 Wilson Rd., Sanford NC 27332		kinghtgair1895@gmail.com			
Address 28280		Email Address			
License #					
Structure Owner / Contracto	or Signature: <u>Kan</u> 7	PM14 Date: 7/14/2023			
By signing this application, you affi	irm that you have obtained permission from	om the above listed license holder to purchase permits on the se or sell the listed property for 12 months after completion			

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

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