

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: David Carter Phone: 605-413-3326

Owner (s) Mailing Address: 65 Branch Ln  
Broadway NC 27505

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost (Required): \$11487.00 Description of Work to be done HVAC changeout / 4 ton HP split / Crossover

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 Roy F Mills III will provide the Mechanical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 28280, 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.

King Heating & Air Conditioning 919-356-2225

Contractor's Company Name 232 Wilson Rd., Sanford NC 27332 Telephone kinghtgair1895@gmail.com

Address 28280 Email Address \_\_\_\_\_

License # \_\_\_\_\_

Structure Owner / Contractor Signature: Roy F Mills III Date: 7/24/2023

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**

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Specific Directions to Job from Lillington:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I Vance Gust will provide the Electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32452, 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.

VRG Electrical 919-356-2225

Contractor's Company Name 6401 Reeves Dr., Sanford NC 27332 Telephone kinghtgair1895@gmail.com

Address 32452 Email Address \_\_\_\_\_

License # \_\_\_\_\_

Structure Owner / Contractor Signature: Vance Gust Date: 7/24/2023

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