Application #	t
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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) Kevin Laureano Phone: Owner (s) of Structure: 7215 Old Us Hwy 421 Owner (s) Mailing Address:_ Lillington NC 27546 Phone: Land Owner Name (s): __ Construction or Site Address:___ Parcel # Job Cost (Required): _____Description of Work to be done ____HVAC changeout / 2 ton HP package Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork _ X Gas Piping ___ Other ___ 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___ Electrical*: * For Progress Energy customers we need the premise number Water/Sewer Tap ____ Number of Baths ____ Water Heater ____ Plumbing: Specific Directions to Job from Lillington: Subdivision: __ Mechanical Roy F Mills III will provide the _ labor on this structure. (Contractors Name) 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. 919-895-3600 King Heating & Air Condtitioning Telephone Contractor's Company Name kinghtgair1895@gmail.com 232 Wilson Rd., Sanford NC 27332 **Email Address** Address 28280 License # 7/24/2023 111 Date: Structure Owner / Contractor Signature:

*Company name, address, & phone must match information on license
Faxed or Mailed application could have an approximately 1-5 day process time

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.

Application	#	

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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:	Kevin Laureano			Phone:919-895-1683			
Owner (s) Mailing Address:_	7215 Old Us Hwy 42	21					
	Lillington NC 27546	3					
Land Owner Name (s):			P	hone:			
Construction or Site Address							
PIN #							
Job Cost (Required):							
Mechanical: New Unit With	h Ductwork Ne	w Unit With	out Ductwork	Ga	as Piping Other _	_	
Electrical*: 200 Amp * For Progres	<200 Amp Ser s Energy customers	vice Change we need th	e Servic ne premise nu	e Recon ımber	nect Other		
Plumbing: Water/Sewe	er Tap Num	ber of Bath	s W	ater Hea	ter		
Specific Directions to Job fro	om Lillington:						
Subdivision:			Lot #: _				
Vance Gust (Contractors Name	will provide the _	Electrical	(Trade	lat	por on this structure.		
I am the building owner or n					which entitles me to		
perform such work on the at						and all	
other applicable State and k						2110 011	
VRG Electrical				919-35	56-2225		
Contractor's Company Name				Telephone			
6401 Reeves Dr., Sanford NC 27332				kinghtgair1895@gmail.com			
Address 32452				Email A	Address		
License #							
	41	, ,	, ,				
Structure Owner / Contracto	r Signature:	ence &	Just		Date:		
By signing this application, you affir				sted licens	e holder to purchase perm		
behalf. If doing the work as owner y	you understand that you o	cannot rent, les	ase or sell the lis	ted proper	ty for 12 months after com	ipietion of	

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listed work.