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:	KEITH WAGLER	Phone:	8177984045
Owner (s) Mailing Address:	204 HOMESTEAD RD ANGIE	ER NC 27501	
	KEITH WAGLER		
	SS: 204 HOMESTEAD RD AND		
PIN #	Parcel #		
Job Cost (Required): 395	Description of Work to be dor	ne DOWNSTAI CRAWL	RS 2.5TON HEATPUMP SPLIT IN
Mechanical: New Unit Wi	th Ductwork New Unit Without	t Ductwork X	Gas Piping Other
	$\frac{\zeta}{\zeta}$ <200 Amp Service Change _ ss Energy customers we need the μ		onnect Other
Plumbing: Water/Sew	ver Tap Number of Baths _	Water He	eater
Specific Directions to Job fr	rom Lillington:		
Cubdivision		l at #.	
Subdivision:		LOt #:	
I ISLAND BREEZE HV	AC will provide the MECHANICA	AL AND ELECT	als6A bin this structure.
(Contractors Name	,	(Trade)	
	my NC state license number is 23		
•	above structure legally. All work sha		ne State Building Code and all
other applicable State and	local laws, ordinances and regulation	ons.	
ISLAND BREEZE H	HVAC-ED WILBANKS		9192302493
Contractor's Company Nan		Telep	phone
4242 WILBANKS WAY	BULLOCK NC 27507	INS	SPECTIONS@ISLANDBREEZEHVAC.C
Address	/ \		I Address
23243	/ ()	\	
License #			
Structure Owner / Contracto	or Signature:	J	Date: <u>8/23/23</u>
By signing this application, you aff	firm that you have obtained permission from		

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

listed work.

Faxed or Mailed application could have an approximately 1-5 day process time