

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: TIFFANY BRIJLALL Phone: 917.501.4387

Owner (s) Mailing Address: 95 GUILFORD COURT
SPRING LAKE, NC 28390

Land Owner Name (s): SAME AS ABOVE Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$13,952.00 Description of Work to be done CHANGE OUT 3 TON S/S HEAT PUMP

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork X 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 BASS AIR CONDITIONING will provide the MECHANICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 33586, 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.

BASS AIR CONDITIONING COMPANY, INC
Contractor's Company Name
3261 NATAL STREET, FAYETTEVILLE NC 28306
Address
33586
License # _____

910-424-3570
Telephone
STACY@BASS-AIR.COM
Email Address

Structure Owner / Contractor Signature:  Date: 09.07.23

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**

**Electrical by: Allman Electric 6136-U
345 Wilkes Road
Fayetteville, NC 28303
phone # (910) 485-8617**

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Owner (s) of Structure: TORI GALLAGHER Phone: 919.931.5036

Owner (s) Mailing Address: 311 SOUTH ORANGE AVENUE
DUNN, NC 28334

Land Owner Name (s): SAME AS ABOVE Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$12,151.85 Description of Work to be done CHANGE OUT 4 TON GAS PACK

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork X Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
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Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

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