

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: Justin Keller Phone: 336-404-7428

Owner (s) Mailing Address: 103 N. 12th Street
Erwin NC 28339

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 10300.⁰⁰ Description of Work to be done Replace 2.5 ton Gas Package
Like for Like

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 Heat Transfer Solutions will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 316093, 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.

Heat Transfer Solutions, Inc
Contractor's Company Name

919-6662-7848
Telephone

1232 Old Roberts Rd Benson NC 27504
Address

Sonya.thomas@htsnc.com
Email Address

316093
License #

Structure Owner / Contractor Signature: Sonya Thomas Date: 11/14/23

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**

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Owner (s) of Structure: Justin Keller Phone: 336-404-7428

Owner (s) Mailing Address: 103 N. 12th Street
Erwin nc 28339

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 6300.⁰⁰ Description of Work to be done Replace 2.5 Gas Package
like for like

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 Enforce Electric will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 09658, 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.

Enforce Electric
Contractor's Company Name

919-407-1311
Telephone

4676 Farrell Rd, Sanford NC 27330
Address

rmoore@enforceelectric.com
Email Address

09658
License #

Sonycthomas@htsnc.com

Structure Owner / Contractor Signature: R Moore Date: 11-4-23

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**