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: <u>Jeremie Anderson</u> Phone: 316-706-7035
Owner (s) Mailing Address: 424 Crustul Sonna Dr.
Sanford, NC 27332
Land Owner Name (s):Phone:
Construction or Site Address:
PIN # Parcel #
Job Cost (Required): 7,381 Description of Work to be done HVAC Change out  2 ton Hp Spirt
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 #:
(Contractors Name) will provide the McChanical labor on this structure.  (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.
Contractor's Company Name Telephone  232 Wilson Rd. Sanford N. 27332 Kinghts air 1895@ gmai
Address Email Address 2
License #
Structure Owner / Contractor Signature: 1   30   3    By signing this application, you affirm that you have obtained permission on their
-1

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

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.

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

Ap	plication	#	

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: <u>Levenie Anderson</u> Phone: 316-706-7035				
Owner (s) Mailing Address: 424 Crystal Spring Dr.					
	Sanford, NL 27332				
Land Owner	Name (s):Phone:				
Construction	or Site Address:				
	Parcel #				
Job Cost (Re	equired: 1,381 Description of Work to be done HVac Change out				
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 Dire	ctions to Job from Lillington:				
Subdivision:	Lot #:				
I Mance (Col	will provide the Sloch Cal labor on this structure.  (Trade)  ding 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 applica	ble State and local laws, ordinances and regulations.				
Address 3245	Lectrical Company Name Leves Dr., Sanford NC ZB3Z  Telephone  Kinghtaair 1895 agmai  Email Address				
License #					
Structure Ow	ner / Contractor Signature: Vance Gust Date: 11/30/23				
By signing this a	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