A	pplication	#

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: Lawr	ence & Caroly	n Williams		Phone:	757-869-7218		
Owner (s) Ma	ailing Address:	360 Camp	Ground Ln.					
	_	Broadway	NC 27505					
Land Owner	Name (s):			Phone:				
Construction	or Site Address							
PIN#			Parcel #					
Job Cost (R	equired): \$1684	6_Description	of Work to be o	done <u>HVAC</u>	C Changeo	ut / 2 & 2.5 gas pack		
Mechanical:	New Unit With	Ductwork	_ New Unit Wit	hout Ductwo	rk x Gas	s Piping Other		
Electrical*:	ectrical*: 200 Amp <200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number							
Plumbing:	Water/Sewe	r Tap	Number of Bat	ths \	Nater Heat	er		
Specific Dire	ections to Job fro	m Lillington:						
		the passed of the second of th						
-								
Subdivision:				Lot #				
I Roy F Mill (Co	s III ntractors Name)		_will provide th	e <u>Mechai</u> (Trad	nical de)	labor on this structure.		
I am the build	ding owner or m	y NC state lice	ense number is	28280		, which entitles me to		
perform such	n work on the ab	ove structure	legally. All wor	k shall comp	ly with the	State Building Code and all		
other applica	able State and lo	cal laws, ordir	nances and reg	ulations.				
King Heating & Air Conditioning Contractor's Company Name 232 Wilson Rd., Sanford NC 27332					Telepho	919-895-3600 Telephone kinghtgair1895@gmail		
Address						Address		
2828 License #	_		D -	11		12/21/2		
	vner / Contractor		//	1/1	WH	_ Date: 12/21/23		
By signing this a behalf. If doing listed work.	application, you affin the work as owner y	m that you have o ou understand tha	btained permission at you cannot rent,	from the above lease or sell the	listed license listed proper	e holder to purchase permits on their ty for 12 months after completion of		

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

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

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PIN # Parcel #								
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lectrical*: 200 Amp <200 Amp Service Change Service Reconnect Other  * For Progress Energy customers we need the premise number								
Plumbing: Water/Sewer	Tap Number of Bath	ns Water He	eater					
Specific Directions to Job from	Lillington:							
Specific Directions to dob from	<u>r Emington</u> .							
Subdivision:		Lot #:	man yan kadalaha kecami (api 102) yan 102, berada yan antari					
I Vance gust	will provide the _	Electrical	labor on this structure.					
(Contractors Name)		(Trade)						
I am the building owner or my								
perform such work on the abo	ve structure legally. All work	shall comply with th	e State Building Code and all					
other applicable State and loca	al laws, ordinances and regu	lations.						
VRG Electrical			-356-2225					
Contractor's Company Name			phone					
6401 Reeves Dr., Sanford N	C 27332		htgair1895@gmail					
Address		Emai	I Address					
32452								
License #	11.		21/21/22					
Structure Owner / Contractor S			Date: 12/21/23					
By signing this application, you affirm behalf. If doing the work as owner you listed work.	that you have obtained permission understand that you cannot rent, le	from the above listed lice ease or sell the listed pro	nse holder to purchase permits on their perty for 12 months after completion of					

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