

Harnett County Central Permitting

420 McKinney Pkwy / PO Box 65 Lillington, NC 27546 – centralpermitting@harnett.org

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: Cathy Gurganious Phone: 919-604-0226

Owner (s) Mailing Address: 55 Oxford drive Angier

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 55 Oxford drive Angier

PIN # _____ Parcel # _____

Job Cost (Required): 7750⁰⁰ Description of Work to be done change out 2.5 ton heat pump in attic

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 Tony Stephenson will provide the Mechanicals labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 18044, 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.

Stephenson heating and air
Contractor's Company Name

919-329-0684
Telephone

343 Shipwash dr. Garner, NC 27529
Address

Stephensonservice@hotmail.com
Email Address

18044
License #

Structure Owner / Contractor Signature: [Signature] Date: 3-22-24

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

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**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: Cathy Gurganious Phone: 919-604-0221

Owner (s) Mailing Address: 55 Oxford drive Angier

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 55 Oxford dr. Angier

PIN # _____ Parcel # _____

Job Cost (Required): 200⁰⁰ Description of Work to be done disconnect and reconnect electrical for HVAC system 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 Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Bobby Jackson will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

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

RA Jackson electric
Contractor's Company Name

919-894-5367
Telephone

9261 Raleigh Rd. Benson NC 27504
Address

Email Address

21144
License #

Structure Owner / Contractor Signature: Bobby Jackson Date: 3-22-24

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

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