

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: Sherry Holder Phone: 919-770-2958

Owner (s) Mailing Address: 2562 Barbecue Church Rd Sanford, NC 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): \$6,718 Description of Work to be done HVAC Changeout 1.5 ton 15.2 SEER Heat pump split.

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: ~~Persimmon Hill~~ Lot #: _____

I Duncan Edward Jagers will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21207, 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.

King Heating And Air Conditioning
Contractor's Company Name
232 Wilson Rd, Sanford, NC 27332
Address
21207
License # _____

919-895-3600
Telephone
kinghtgair1895@gmail.com
Email Address

Structure Owner / Contractor Signature: Duncan E Jagers Date: 3/28/24

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

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

Application # _____

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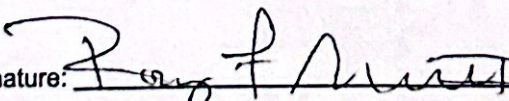
Subdivision: _____ Lot #: _____

I Roy Mills will provide the Mechanical labor on this structure.
(Contractors Name) (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.

King Heating And Air Conditioning
Contractor's Company Name
232 Wilson Rd, Sanford, NC 27332
Address
28280
License # _____

919-895-3600
Telephone
kinghtgair1895@gmail.com
Email Address

Structure Owner / Contractor Signature:  Date: 3/28/24

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

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