

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: Martha Mullins Phone: 919-607-4741

Owner (s) Mailing Address: 25 Lone Pine Trail
Sanford NC 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): \$8,877 Description of Work to be done HVAC Changeouts / 3 ton HP Split / Crawl

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 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 + Air
Contractor's Company Name

919-895-3600
Telephone

232 Wilson Rd., Sanford NC 27332
Address

Kinghtgair1895@gmail.com
Email Address

21207

License # _____

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**

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

Application # _____

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Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Roy F Mills III 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 & Air Conditioning
Contractor's Company Name
232 Wilson Rd., Sanford NC 27332

919-895-3600
Telephone
kinghtgair1895@gmail.com

Address
28280

Email Address

License #

Structure Owner / Contractor Signature: Roy F Mills III 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**

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