

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: CHRISTINE WALLACE Phone: 910 237-3222

Owner (s) Mailing Address: 2286 KEITH HILLS RD.
LILLINGTON, NC 27546

Land Owner Name (s): CHRISTINE WALLACE Phone: 910 237-3222

Construction or Site Address: 2286 KEITH HILLS RD.

PIN # _____ Parcel # _____

Job Cost: *10,200 Description of Work to be done CHANGE OUT SPLIT HEAT PUMP
ADD DUCT TO SUNROOM

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 Larry Parker / BOBBY FARMER will provide the Mechanical / ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 20012 / 17363, 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.

Certified Heating & Air, Inc
Contractor's Company Name
PO Box 1071 Hope Mills, NC 28348
Address
20012 / 17363
License #
910-858-0000
Telephone
ehrin.certified@gmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 4-24-24

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