* rued ele Contracter emailed 5/20

Application :	#	

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: Erica AM	Der son	Phone:	919 610 5126
Owner (s) Mailing Address: 176 4			
Land Owner Name (s):		Phone:	11
Construction or Site Address: 1806	13-11	RD. HO	My SPrings, NC
PIN#	Parcel#		·
Job Cost (Required): Description Air handler for upsta	of Work to be done	Replace	HEGPUMP +
Mechanical: New Unit With Ductwork			
Electrical*: 200 Amp < <200 Amp < <300 Amp <	Service Change ers we need the pre	Service Recon emise number	nect Other
Plumbing: Water/Sewer Tap N	lumber of Baths	_ Water Hea	ter
Specific Directions to Job from Lillington:			
Spooms on content to the state of the state			
Subdivision:		_Lot #:	
(Contractors Name) I am the building owner or my NC state licen perform such work on the above structure le	se number is <u>34</u> gally. All work shall	comply with the	which entitles me to
other applicable State and local laws, ordina	nces and regulation	S.	
Thermal Waves Machinic	17	(7 19 422 1314 one
Contractor's Company Name		Teleph	one
Address 34466 License #		Email /	Address
Structure Owner / Contractor Signature:		7	Date: 5-17-27
By signing this application you affirm that yo	u have obtained per	mission from the	above listed license holder to

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