

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: Daryl Buckland Phone: 919.943.8476

Owner (s) Mailing Address: 2789 McLean Chapel Church rd. Bunnlevel
NC, 28323

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 2789 McLean Chapel Church rd, Bunnlevel NC, 28323

PIN # _____ Parcel # _____

Job Cost (Required): ^{warranty} install Description of Work to be done 3 ton HVAC outdoor
unit replacement

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 #: _____

(Wayne Clemmons)
Comfort Shield HVAC of NC will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 11055, 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.

Comfort Shield HVAC of NC
Contractor's Company Name
937 N. Brightleaf Blvd, Smithfield Nc.
Address 27577
11055
License #

919.588.8015
Telephone
jamiel@comfortshieldhvacofnc.com
Email Address

Structure Owner / Contractor Signature: Wayne Clemmons Date: 5/29/24

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: Daryl Buckland Phone: 919.943.3476

Owner (s) Mailing Address: 2789 Mclean Chapel Church rd.
Bunnlevel, NC, 28323

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 2789 Mclean Chapel Church rd. Bunnlevel NC, 28323

PIN # _____ Parcel # _____

Job Cost (Required): Warranty Description of Work to be done 3 ton outdoor unit
install replacement

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 #: _____

(Timothy Sessom)
ComforAShield HVAC of NC will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32187, 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.

ComforAShield HVAC of NC
Contractor's Company Name
937 N Brightleaf Blvd, Smithfield NC,
Address 27577
32187
License #

919.588.8015
Telephone
arnie@comforashieldhvacofnc.com
Email Address

Structure Owner / Contractor Signature: Timothy Sessom Date: 5/29/24

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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