

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: Horn Lake Elec-Fltr-Rental Phone: 910-890-5051
Owner (s) Mailing Address: 301 E K St
Fruin NC 28339

Land Owner Name (s): SAME AS ABOVE Phone: _____

Construction or Site Address: _____
Parcel # _____
PIN # _____

Job Cost: \$100,000 Description of Work to be done: EQUIPMENT CHANGE OUT

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:
EQUIPMENT CHANGE OUT AND RE CONNECT ELECTRICAL

Subdivision: _____
Lot #: _____

I TRIANGLE HEATING & AIR will provide the HVAC CHANGE OUT labor on this structure.
(Contractors Name)
I am the building owner or my NC state license number is 25537 / 29812-L, 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.

TRIANGLE HEATING AND AIR, INC
Contractor's Company Name
Address
PO BOX 1833 ANGLER, NC 27501
25537 / 29812-L
License #
919-669-1264
Telephone
Trianglera1@gmail.com
Email Address

Structure Owner / Contractor Signature: _____
Date: _____

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

Application # _____