

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: Robin Marks Phone: 910-891-9599
Owner (s) Mailing Address: 77 Woodview Ct Fuquay Varina NC 27526

Land Owner Name (s): _____ Phone: 910 891-9599
Construction or Site Address: 77 Woodview Ct Fuquay Varina NC
PIN # _____ Parcel # _____ 27526

Job Cost: \$17,000 Description of Work to be done: Replace Heat Pump Package outside. Crawl

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork Gas Piping ___ Other ___
Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other HVAC Charge out Reconnect
* 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, Blaze HCPE will provide the Mech HVAC Charge out labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 33964/35345 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.

Blaze HCPE
Contractor's Company Name
500 E Gannon Ave
Address
33964/35345 Zebulon NC 27597
License #

919 269-3504
Telephone
info@blazeair.com
Email Address
Brenda (919) 269-3504

Structure Owner / Contractor Signature: Nichola Pierce Date: 6/17/24

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