

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: TERESA FAISON Phone: 910.578.2379

Owner (s) Mailing Address: 61 TRADEWINDS DRIVE
SPRING LAKE, NC 28390

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

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$4364.00 Description of Work to be done INSTALL MINI SPLIT

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork X 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 BASS AIR CONDITIONING will provide the MECHANICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 33586, 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.

BASS AIR CONDITIONING COMPANY, INC
Contractor's Company Name
3261 NATAL STREET, FAYETTEVILLE NC 28306
Address
33586
License # _____

910-424-3570
Telephone
STACY@BASS-AIR.COM
Email Address

Structure Owner / Contractor Signature: ODDICA SIMMONS Date: 06.18.24

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

Electrical by: Allman Electric 6136-U
345 Wilkes Road
Fayetteville, NC 28303
phone # (910) 485-8617

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(Individual Trade Application)

Owner (s) of Structure: Teresa Fairson Phone: 910-578-2379
Owner (s) Mailing Address: 61 Tradewinds Dr. Spring Lake, NC 28390

Land Owner Name (s): Teresa Fairson Phone: 910-578-2379
Construction or Site Address: 61 Tradewinds Dr. Sp Lake, NC 28390
PIN # _____ Parcel # _____

Job Cost (Required): _____ Description of Work to be done Rehook Ductless mini
(Bass H/Air)

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 Donnie Louche will provide the electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 6136-U, 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.

Pellman Electric Corp Contractor's Company Name Telephone 910-485-8617
345 Wilkes Rd Fayetteville NC 28306 Address Email Address permits@pellmanelectric.com
6136-U License #

Structure Owner / Contractor Signature: Donnie Louche Date: 6/19/24

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