

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: Sharon Mosley Phone: 919-454-9403

Owner (s) Mailing Address: 76 Crabtree Ct Fuquay Varina, NC 27526

Land Owner Name (s): Sharon Mosley Phone: 919-454-940

Construction or Site Address: 76 Crabtree Ct Fuquay Varina, NC 27526

PIN # 0652-55-1619.000 Parcel # _____

Job Cost: \$5998.00 Description of Work to be done HVAC Changeout - WH HP Split in crawl

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:

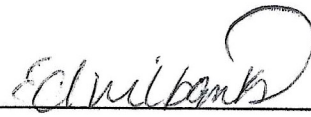
Subdivision: Riversstone Lot #: 76

I Ed Wibanks will provide the mechanical/electrical labor on this structure.
(Contractors Name) (Trade)

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

Island Breeze HVAC
Contractor's Company Name
1540 E Front St Clayton 27527
Address
23243(M) L.30161(E)
License # _____

919-693-4822
Telephone
inspections@islandbreezehvac.com
Email Address

Structure Owner / Contractor Signature:  Date: 6/25/2024

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**