

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: Bruce McClenathan Phone: 910-578-2071

Owner (s) Mailing Address: 21 Clearwater Point
Sanford NC 27332

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): \$11382 Description of Work to be done HVAC & Zone System Changeout
3 ton HP split / Attic (door)

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 Duncan Edward Jagers will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21207, 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.

King Heating & Air Conditioning

(919) 895-3600

Contractor's Company Name
232 Wilson Rd., Sanford NC 27332

Telephone
kinghtgair1895@gmail.com

Address
21207

Email Address

License # _____

Structure Owner / Contractor Signature: Duncan E Jagers Date: 8/21/2024

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**

Faxed or Mailed application could have an approximately 1-5 day process time

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Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Roy F Mills III will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 28280, 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.

<u>King Heating & Air Conditioning</u>	<u>(919) 895-3600</u>
<u>Contractor's Company Name</u>	<u>Telephone</u>
<u>232 Wilson Rd., Sanford NC 27332</u>	<u>kinghtgair1895@gmail.com</u>
<u>Address</u>	<u>Email Address</u>
<u>28280</u>	
<u>License #</u>	

Structure Owner / Contractor Signature: Roy F Mills Date: 8/21/2024

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**

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