Application #	
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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 Structur	re: Crystal Marnoch	Phone: 315-244-9831
Owner (s) Mailing Ad	ddress: 71 N Hillside Dr.	
o moning in	Spring Lake NC 28390	
Land Owner Name (	(s):	Phone:
Job Cost (Required	d): \$7580 Description of Work to be do	ne HVAC changeout / 2.5 ton HP split /
	No. of the Committee of	Crawl
Machanical New I	Loit With Ductwork New Lloit Withou	ut Ductwork X Gas Piping Other
	mp <200 Amp Service Change Progress Energy customers we need the	
		[18] [18] [18] [18] [18] [18] [18] [18]
Plumbing: Wat	ter/Sewer Tap Number of Baths	vvaler neater
Specific Directions to	o Job from Lillington:	
CONTRACTOR OF THE PERSON OF TH		
Subdivision:		Lot #:
Duncan Edv	ward Jaggers Will provide the Electrica Name)	labor on this structure.
(Contractor	's Name)	(Trade)
I am the building ow	ner or my NC state license number is	21207 , which entitles me to
		hall comply with the State Building Code and a
other applicable Sta	ite and local laws, ordinances and regulat	ions.
King Heating & A	ir Conditioning	919-895-3600
Contractor's Compa	and the second s	Telephone
	Sanford NC 27332	kinghtgair1895@gmail.com
Address		Email Address
21207		
License #		
Structure Owner / C	Contractor Signature: Quilan E	- negers Date: 10/10/2024
By signing this appli		permission from the above listed license hold
purchase permits or	n their behalf. If doing the work as owner	you understand that you cannot rent, lease or
the listed property for	or 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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Owner (s) Mailing Address:	71 N Hillside Dr.	
	Spring Lake NC 28390	
Land Owner Name (s):		Phone:
	The second secon	
675	00	LNAC abases at /2 5 top UD and /
Job Cost (Required): 3/5	Description of Work to be do	ne HVAC changeout / 2.5 ton HP split / Crawl
		Claw
Mechanical: New Unit Wit	h Ductwork New Unit Withou	t Ductwork _X Gas Piping Other
	<200 Amp Service Change _ s Energy customers we need the	Service Reconnect Other premise number
Plumbing: Water/Sewi	er Tap Number of Baths _	Water Heater
Specific Directions to Job fro	om I illinaton	
Corballodalam		1 = 4
Subdivision,		Lot #:
Roy F Mills III	will provide the Mechanical	labor on this attack
(Contractors Name	) will provide tite	(Trade) labor on this structure.
I am the building owner or n	ny NC state license number is2	8280 which entitles me to
		all comply with the State Building Code and
	ocal laws, ordinances and regulati	
King Heating & Air Cond		919-895-3600
Contractor's Company Nam	8	Telephone
232 Wilson Rd., Sanford	NC 27332	kinghtgair1895@gmail.com
Address 28280		Email Address
License #		
Structure Owner / Contracto	or Signature Long	Mitt Date: 10/10/2024
purchase permits on their bi	ou affirm that you have obtained pehalf. If doing the work as owner youths after completion of the listed	permission from the above listed license hold you understand that you cannot rent, lease o

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