

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: Raymond Reynolds Phone: 919-518-3381

Owner (s) Mailing Address: 65 Crabtree Court
Fuquay Varina NC 27526

Land Owner Name (s): Raymond Reynolds Phone: 919-518-3381

Construction or Site Address: 65 Crabtree Ct

PIN # _____ Parcel # _____

Job Cost (Required): 8300 Description of Work to be done Change out 2.5 ton heat pump / A/R handler crawl / outdoor

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:
S. Main St → left @ McKinney Pkwy → left @ US 401 N
Right @ Ballard Rd → Right @ Riverstone Dr
Right @ Crabtree Ct

Subdivision: _____ Lot #: _____

Stephenson Heating & A/R will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 18644, 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.

Stephenson Heating & A/R
Contractor's Company Name
343 Shipwash Drive
Address
18644
License #

919-329-0686
Telephone
Service.Stephensonhvace@gmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 10/24/24

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

Application # _____

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Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Raymond Reynolds Phone: 919-518-3381

Owner (s) Mailing Address: 105 Crabtree Ct
Farmway Marina

Land Owner Name (s): State Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): 400 Description of Work to be done Reconnect from
Heat pump Air handler Change out

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 RA Jackson will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21144, 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.

RA Jackson Electric Inc
Contractor's Company Name

919-894-5367
Telephone

9261 Kaleich Rd Benson
Address

Email Address

21144
License #

Structure Owner / Contractor Signature: [Signature] Date: 10/24/24

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

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