

FAX COVER SHEET



CAPE FEAR

Air Conditioning & Heating Company, Inc.

HEATING • COOLING • INDOOR AIR QUALITY

Address: 1139 Robeson St. Fayetteville NC 28305

Phone: (910) 483-8790 / Fax: (910) 483-8737

Email: Info@CapeFearAir.com

Web: www.CapeFearAir.com

TO: Harnett County
Central Permitting

DATE:

COMPANY NAME:

Inspections/Permitting

FAX#: 910-893-2793

FROM:

Kristin.juala@capefearair.com

of pages:
(Including Cover)

2

NOTES: Please see the following mechanical/
electrical permit application for processing.

Please charge the following credit card:

Name: Dave Burks Visa # 4053013300607273

Exp: 03/25. Code: 634 Thank you!

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: Dana Britt Phone: 910-734-6159

Owner (s) Mailing Address: 10 Londontown Dr
Spring Lake NC 28390

Land Owner Name (s): Dana Britt Phone: 910-734-6159

Construction or Site Address: 10 Londontown Dr Spring Lake NC 28390

PIN # _____ Parcel # _____

Job Cost (Required): \$9500 Description of Work to be done HVAC changeout of 3 ton heat pump with manufactured home air handler (coil + electric furnace) including duct modifications (replace transfer flx + cut in 20x25 return above electric furnace)

Mechanical: New Unit With Ductwork New Unit Without Ductwork _____ Gas Piping _____ Other _____
modifications

Electrical*: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect _____ Other rehook
* 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 Jeremy Johnson will provide the HVAC/Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 30052 H2 / 31418L, 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.

Cape Fear A/C + Heating / Cape Fear Electrical Services 910-483-8790
Contractor's Company Name Telephone

1139 Robeson St Fayetteville NC 28305
Address

Kristin.guala@capefeair.com
Email Address

30052 H2 / 31418L
License #

Structure Owner / Contractor Signature: Kristin Guala Date: 11/21/24

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