

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: MARLA WASHINGTON Phone: 215 459-1389

Owner (s) Mailing Address: 281 FALLS CREEK DR.
SPRING LAKE 28390

Land Owner Name (s): MARLA WASHINGTON Phone: 215 459-1389

Construction or Site Address: 281 FALLS CREEK DR.

PIN # _____ Parcel # _____

Job Cost: *8200 Description of Work to be done 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 Larry Parker / ROBERT FARMER will provide the Mechanical / ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 20012 / 1173630, 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.

Certified Heating & Air, Inc
Contractor's Company Name
PO Box 1071 Hope Mills, NC 28348
Address
20012 / 1173630
License #

910-858-0000
Telephone
ehrin.certified@gmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 12-16-24

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**