| Application | # | a salara in |
|-------------|---|-------------|
|             |   |             |

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:  | mes Martin  | Phone:   | 910-658-6855   |
|--|---|--|--|
| Owner (s) Mailing Address:   | 500 Lakeside Ln                                   |  | and the state of t |
|  | Sanford NC 27332                                  |  | And the second s |
| Land Owner Name (s):   |   | Phone:   |  |
| Construction or Site Addres  | S:  | And the second s | The state of the s |
| PIN#   | Parce   | el#  |  |
| Job Cost (Required): \$800   | Description of Work to                            | be done_ HVAC chan   | geout / 2.5 ton HP split / Craw  |
| Mechanical: New Unit Wit   |   |  |  |
| Electrical*: 200 Amp<br>* For Progres  | _<200 Amp Service Ch<br>ss Energy customers we ne | nange Service Reco<br>ed the premise number  | onnect Other   |
| Plumbing: Water/Sew  | er Tap Number of                                  | Baths Water H  | eater  |
| Specific Directions to Job fr  | om Lillington:                                    |  |  |
| THE PERSON NOT   |   |  | Marian Amerikan da Marian da M<br>Marian da Marian da M  |
|  |   |  |  |
| Subdivision:   |   | Lot #:   |  |
|  |   |  |  |
| Aaron Lee Underwood & Duncan E   | Jaggers Will provide the Mecha                    | nical & Electrical   | abor on this structure.  |
| (Contractors Name  |   | (Trade)  |  |
| I am the building owner or n   |   |  |  |
|  |   |  | ne State Building Code and all   |
| other applicable State and le  | ocal laws, ordinances and r                       | egulations.  |  |
| King Heating & Air Conditioning  |   |  | -892-3600  |
| Contractor's Company Nam<br>232 Wilson Rd., Sanfo  |   |  | ohone<br>ghtgair1895@gmail.com   |
| Address<br>36795 & 21207   |   | Emai   | l Address  |
| License #  |   |  |  |
| Structure Owner / Contracto  | r Signature:                                      | Queron Elage   | ur Date: 4/8/2025  |
| By signing this application yourchase permits on their be<br>the listed property for 12 mo | ehalf. If doing the work as o                     | owner you understand th  | he above listed license holder to<br>at you cannot rent, lease or sell   |

\*Company name, address, & phone must match information on license

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

