Application #_____

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: Ralph Bryson Phone: (910) 273-0877

Owner (s) Mailing Address: 145 Vail Ct, Sanford, North Carolina 27332

Land Owner Name (s): Ralph Bryson Phone: (910) 273-0877

Construction or Site Address: 145 Vail Ct, Sanford, North Carolina 27332

PIN # _____ Parcel # 03958706002030

Job Cost (Required): $22,100 Description of Work to be done (2) - HVAC units changeouts

2 ATTIC HEAT PUMPs / AIR HANDLERs, 2.5 ton heat pump, Multi-Position Air handler w/ 2.5 ton coil

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork X Gas Piping ___ Other X

Electrical*: 200 Amp X <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:
Leave from E Front St, Turn left onto S Main St/US-421 N/US-401 S/NC-27/NC-210
Turn right onto W Old Rd/NC-27, Bear left at NC 27 W/NC-27, Follow NC 27 W/NC-27
Turn left onto Docs Rd, Turn right onto Micro Tower Rd, Turn right onto Vail Ct
You have arrived at Vail Ct

Subdivision: _____ Lot #: _____

I Mark Cram (Contractors Name) will provide the Electrical (Trade) labor on this structure.

I am the building owner or my NC state license number is U.38522, 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.

LGCY Installation Services LLC
Contractor's Company Name

(980) 209-1463
Telephone

3333 N Digital Dr, Suite 600, Lehi, UT 84043
Address

ncpermits@lgcypower.com
Email Address

U.38522
License #

Mechanical Contractor License Number: 36218

Mechanical Contractor Name: LGCY Installation Services LLC/Landon Alcon

Structure Owner / Contractor Signature: _____ Date: 09/23/2025

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