

Application # SFD 2406-0026

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)**

change of contractor

Owner (s) of Structure: Family Bldg Co II LLC Phone: 931 269 9471

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 53 Keelboat Ln.

PIN # _____ Parcel # _____

Job Cost (Required): _____ Description of Work to be done _____

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 Carolina Comfort Air will provide the mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is L 31589, 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.

Carolina Comfort Air
Contractor's Company Name

910 338 3670
Telephone

5212 Hwy 70 Clayton
Address

asm7h@carolinacomfortair.com
Email Address

L 31589
License #

Structure Owner / Contractor Signature: John A. Johnson Date: 8/20/24

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

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Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 699 Jasmine Rd

PIN # _____ Parcel # _____

Job Cost (Required): _____ Description of Work to be done _____

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

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___

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Carolina Comfort Air
Contractor's Company Name

910 338 3670
Telephone

5212 Hwy 70 Clayton
Address

al.smith@carolinacomfortair.com
Email Address

L 31589
License #

Structure Owner / Contractor Signature: John A. Smith Date: 8/20/24

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