



Application # BRES1910-0029

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

ERES1910-0025

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Jones Date: 10/14/19

Site Address: 109 Advanced Dr. Phone: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Hex 24 screened in porch

**General Contractor Information**

Bramble builder  
Building Contractor's Company Name

910 759 9390  
Telephone

3119 Camden RD.  
Address

Fhogaw@Bramble Builders.com  
Email Address

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work 3 Outlet 1 PAN Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No

Al Electrical Kildavatts Elect. Co.  
Electrical Contractor's Company Name

919-843-6825  
Telephone

2593 mary C Road  
Address

919-842-7600  
Telephone

25538  
License # 23887

Spring Lake NC 28390  
Address

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_

Telephone \_\_\_\_\_

\*NOTE: General Contractor / owner must fill out and sign the second page of this 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: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner (s) Mailing Address: 109 Advanced Dr.

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: 109 Advanced Dr.

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \$600.00 Description of Work to be done Adding Receptical + Fan/Light Combo

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 Jimmy Lucas will provide the Electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23887-L, 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.

Kilowatts Elect Co.  
Contractor's Company Name

919-842 7602  
Telephone

193 Dark Wood Dr. Spring Lake  
Address

jimmylucas1970@gmail.com  
Email Address

23887-L  
License #

Structure Owner / Contractor Signature: Jimmy Lucas Date: 12-9-19

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**