

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Pn: 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: Friendship Baptist Phone: 910 897 7921

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 500 Brick Mill Rd., Coats NC 27521

PIN# _____ Parcel # _____

Job Cost: \$1,500⁰⁰ Description of Work to be done Change out Gas Paks

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 Kent Johnson will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 17164, 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.

JEM Heating and A/c 910 897 5501
Contractor's Company Name Telephone
724 Turlington Road, Dunn NC 28334 dusterstone@centurylink.net
Address Email Address
17164
License #

Structure Owner / Contractor Signature: Kent Johnson / B.S. Date: 1/7/20

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

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**Certification of Work Performed By Owner/Contractor
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Owner (s) of Structure: Friendship Baptist Phone: 910 897 7921

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 500 Brick Mill Rd., Coats NC 27521

PIN# _____ Parcel # _____

Job Cost: ~~15000~~ 10500 Description of Work to be done: Change out Gas Packs
Reconnect power.

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 Tommy Patrick will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 4910U, 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.

Patrick Electrical Contractors 910 893 5774
Contractor's Company Name Telephone

1309 W. Main Street, Lillington NC 27534
Address Email Address

4910U
License #

Structure Owner / Contractor Signature: Tommy Patrick / B.S. Date: 1/7/20

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