

Application #

PO Box 65 Lenoir, NC 27546 - Hainlett County Central Permitting
 Certification of Work Performed By Owner/Contractor
 (Individual Trade Application) - www.hainlettcg.com/permits
 Owner (s) of Structure: COATS ROP CHURCH
 Owner (s) Mailing Address: 554 N. MURPHY ST. COATS

Land Owner Name (s): DANNY
 Construction or Site Address: 919279 7003
 Phone:

Job Cost: \$2000
 Description of Work to be done: 2 gas furnaces
 Parcel #:

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
 Electrical: 200 Amp <200 Amp Service Change Service Reconnect Other
 Plumbing: Water/Sewer Tap Number of Baths Water Heater
 Specific Directions to Job from Utility:

Subdivision:
 Lot #:

I, Kent Johnson will provide the Mechanical labor on this structure.
 (Contractor's Name) (Trade)
 I am the building owner of my NC state license number is 17164, which enables 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.

JOHN HOOD & AIR
 Contractor's Company Name
204 FURBERGTON ROAD, DUMM NC 28534
 Address
17164
 License #
910 897 5501
 Telephone
westshore@centurylink.net
 Email Address

Structure Owner / Contractor Signature: Kent Johnson JBS Date: 09/21/21
 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

Harnett County Central Permitting

Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: COATS BAP CHURCH Phone: Danny 919 279 7063
 Owner (s) Mailing Address: 554 W. HICKINLEY ST COATS
 Land Owner Name (s): _____
 Construction or Site Address: _____ Phone: _____
 PINS: _____ Parcel #: _____
 Job Cost: \$20,000 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, 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 49104, which enables 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 910 895 5774
 Contractor's Company Name Telephone
1309 N. Main Street, Lillington NC 2754
 Address
49104 License # Email Address

Structure Owner / Contractor Signature: Tommy Patrick / BS. Date: 09/21/21

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