

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Fax 910-893-7525 - Fax 910-893-2736 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Applications)

Owner (s) of Structure GMU Flux Phone 910 847 3539
Owner (s) Mailing Address 232 N TOLA COCTS

Land Owner Name (s) _____ Phone: _____
Construction or Site Address: _____
PBY# _____ Parcel# _____

Job Cost \$ 7000 Description of Work to be done change out / reconnection

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork _____ Gas Piping _____ Other _____
Electrical: 200 Amp _____ 210 Amp _____ Service Change _____ Service Reconnect _____ Other _____
Plumbing: Water/Sewer Tap _____ Number of Bays _____ Water Heater _____
* For Progress Energy customers we need the premise number

Specific Directions to Job from Lillington _____

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.

J&A Heat & Air
Contractor's Company Name
24 Tarleton Road, Dunn NC 28534
Address
17164
License #

910 847 5501
Telephone
juststone@centurylink.net
Email Address

Structure Owner / Contractor Signature Kent Johnson B.S. Date 10/29/22

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 reach information on license

Owner (s) of Structure: GREY FLUX Phone: 910-897-3539
 Owner (s) Mailing Address: 232 N. IDA ST COOKS

Land Owner Name (s): _____
 Construction or Site Address: _____ Phone: _____
 PINE: _____ Parcel #: _____

Job Cost: 1200 Description of Work to be done: CHANGE OUT / RECONNECTION

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork _____ Gas Piping Other _____
 Electrical: 200 Amp _____ 400 Amp _____ Service Change _____ Service Reconnect Other _____
 * For Progress Energy customers we need the premise number
 Plumbing: Water/Sewer Tap _____ Number of Bases _____ Water Heats _____

Site Directions to Job from Lillington: _____
 Division: _____ Lot #: _____

Thomas Patrick will provide the Electrical labor on this structure.
 (Contractor's Name) (Trade)

The Issuing Order of my NC state license number is 49104, which enables me to
 do such work on the above structure legally. All work shall comply with the State Building Code and all
 applicable State and local laws, ordinances and regulations.

Mark Electrical Contractors
 Contractor's Company Name
11 N. Main Street, Lillington NC 2754

910 895 5774
 Telephone
 Email Address

Owner / Contractor Signature: Thomas Patrick / BS Date: 10/29/22

In this application you affirm that you have obtained permission from the above listed license holder to
 perform on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell
 property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license