

Application # MRE1907-009

7/23/18

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: Donna Bells Phone: 919 902 8634

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 88 Street Range Rd., Coats NC 27521

PIN # _____ Parcel # _____

Job Cost: 10,500.00 Description of Work to be done Change out HVAC equipment only on 1st & 2nd floor. 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 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.

J&M Heating and Air
Contractor's Company Name

910 897 5501
Telephone

724 Turlington Road, Dum NC 28334
Address

busterstone@centurylink.net
Email Address

17164
License #

Structure Owner / Contractor Signature: Kent Johnson / B.S. Date: 7/17/18

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
(Individual Trade Application)

Owner (s) of Structure: Donna Bells Phone: 919 902 8634

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 88 Street Range Rd., Coats NC 27521

PIN # _____ Parcel # _____

Job Cost: ~~1000.00~~ ^{\$300.00} Description of Work to be done: Change out HVAC equipment only on 1st & 2nd floor. 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 Michael Collier will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is ~~28249L~~ 28249L 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.

On Time Electric
Contractor's Company Name

919 669 7209
Telephone

252 Park Lane, Coats NC 27521
Address

Email Address

28249L
License #

Structure Owner / Contractor Signature: Michael Collier / B.S. Date: 7/17/18

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