

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: Eunice Davis Phone: (910) 897 5072
Owner (s) Mailing Address: 402 S. 13th st enwin

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$6000 Description of Work to be done change out package Gp

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 Mech. 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
Contractor's Company Name
724 Tunwington Rd Dunn
Address
17164
License #

9108975501
Telephone
Buster.stone@
Email Address
centurylink.net

Structure Owner / Contractor Signature: _____ Date: 01/18/19

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

Application # _____

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

Owner (s) of Structure: FUNICE DAVIS Phone: (910) 897-5072
Owner (s) Mailing Address: 402 - S 13th St erwin

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$ 300 Description of Work to be done service reconnection

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 [Signature] will provide the elec (Trade) labor on this structure.
(Contractors Name)

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

on time
Contractor's Company Name _____ Telephone (910) 669-7209
252 PARK LANE COATS
Address _____ Email Address _____
28249-L
License # _____

Structure Owner / Contractor Signature [Signature] Date: 1/16/19

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