

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: KATHY KILGALL Phone: 9195222677
Owner (s) Mailing Address: 528 S. ORANGE ST COCTS

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$10000 Description of Work to be done: CHANGE OUT SSHP

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 HEMI CAUER will provide the ELC labor on this structure.
(Contractors Name) (Trade)

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

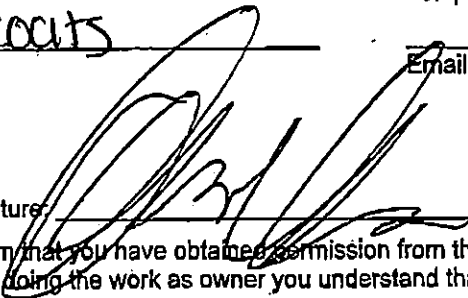
ON TIME
Contractor's Company Name

(919) 669 7709
Telephone

757 PARK LANE COCTS
Address

Email Address

28249-L
License #

Structure Owner / Contractor Signature:  Date: 01/25/19

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: KATHY RIALA Phone: 9195222017

Owner (s) Mailing Address: 528 S. ORANGE ST COATS

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$10000 Description of Work to be done CHANGE OUT SSHP

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork _____ Gas Piping _____ Other _____

Electrical*: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect Other _____
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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 17104, 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 JUNINGTON DURN
Address
17104
License #

(910) 8975561
Telephone
Busterstone@centurylink.net
Email Address

Structure Owner / Contractor Signature:  Date: 01/25/19

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