

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: CT Clayton Phone: 252 671 6979

Owner (s) Mailing Address: 413 Miami Rd Coats

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ 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, Kent Johnson will provide the elec 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 Tunlington Rd Dunn
Address

17104
License #

9108975501
Telephone

Busterstone@
Email Address

centurylink.net

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: ET Clayton Phone: 252 671 6979

Owner (s) Mailing Address: 463 McNamee Rd Coats

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ 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 Ben McNamee will provide the elec labor on this structure.
(Contractors Name) (Trade)

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.

252 DORR DAVIS LANE COATS
Contractor's Company Name

9196697709
Telephone

on time
Address

Email Address

28249-L
License #

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

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