

Application # 2019-0016

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: Doug Nagel Phone: 217-823-5562

Owner (s) Mailing Address: 1840 Old US 421
Lillington NC 27546

Land Owner Name (s): Doug Nagel Phone: 217-823-5562

Construction or Site Address: 1840 Old US 421

PIN # 0640-401914-000 Parcel # _____

Job Cost: 12,650 Description of Work to be done Change out A/C + Furnace
also Change out Heat Pump

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork (2) Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect X 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: South on S. Main St, rt on
Front St. left on Old US Hwy 421, sign rt on Old
US 421

Subdivision: Tr. 29h Lot #: 3

I Stephen Bowman will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 12302, 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.

Bowman Mechanical Telephone 919-772-2759
Contractor's Company Name
145 Technical Ct Garner 27529 Email Address deane@bowmanmechanical
Address 12302 services.com
License # _____

Structure Owner / Contractor Signature: Steve Bowman Date: 4-10-19

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 # mRES1904-0016

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

Owner (s) of Structure: Loug Nagel Phone: 217-823-5562
Owner (s) Mailing Address: 1840 Old US 421
Lillington NC 27546
Land Owner Name (s): Loug Nagel Phone: 217-823-5562
Construction or Site Address: 1840 Old US 421
PIN # _____ Parcel # _____

Job Cost: 10,125.00 Description of Work to be done: Change out a/c furnace
+ Heat pump

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: South on S. Main St rt on
Front St. left on old US Hwy 421, sign rt on
Old US 421

Subdivision: Tirzah Lot #: 3

I Robert Marshall will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32265, 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.

Bowman Mechanical Telephone 919 772 2759
Contractor's Company Name
145 Technical Ct Corner, 27529 deana@bowmanmechanical
Address Email Address Service.com
32265
License #

Structure Owner / Contractor Signature: Robert Marshall Date: 4-10-19

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