

Application # MRRES1906-0055

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: Will Buckles Phone: _____

Owner (s) Mailing Address: 615 Mangrove Mangrove Rd Angier

Land Owner Name (s): _____ Phone: 8975501

Construction or Site Address: _____

PIN # _____ Parcel # _____

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

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.

J3M
Contractor's Company Name

724 Tunington Rd Dunn
Address

17164
License #

9108975501
Telephone

Busterstone@centurylink.net
Email Address

Structure Owner / Contractor Signature: _____ Date: 06/25/19

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

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

Owner (s) of Structure: Will Buckles Phone: _____

Owner (s) Mailing Address: 615 Mayberry Mayberry Rd Angier

Land Owner Name (s): _____ Phone: 8975501

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$6000 Description of Work to be done change out AC unit

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 M. Buckles will provide the elec labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 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
Contractor's Company Name

(919) 6697209
Telephone

252 Park Lane Coats
Address

Email Address

28249L
License #

Structure Owner / Contractor Signature: [Signature] Date: 06/25/19

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