

Application # MRES1907-0033

**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: L.C. Oquinn Phone: 910 818 6721  
Owner (s) Malling Address: \_\_\_\_\_

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: 310 Boone Trail Drive, Lillington NC 27546

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: 4500<sup>00</sup> Description of Work to be done Change out HVAC equipment  
Reconnect Power.

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 Mechanical 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 Heat & Air  
Contractor's Company Name

910 897 5501  
Telephone

724 Turbington Road, Dunn NC 28334  
Address

Dusterstone@centurylink.net  
Email Address

17104  
License #

Structure Owner / Contractor Signature: Kent Johnson / B.S. Date: 7/15/19

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: L.C. Oquinn Phone: 910 818 6721  
Owner (s) Mailing Address: \_\_\_\_\_

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: 310 Boone Trail Drive, Lillington NC 27546

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: 150.00 Description of Work to be done Change out HVAC equipment  
Reconnect Power.

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 Tommy Patrick will provide the Electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 49104, 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.

Patrick Electrical Contractors  
Contractor's Company Name  
1309 N. Main St. Lillington NC 27546  
Address  
49104  
License #

910 893 5774  
Telephone  
\_\_\_\_\_  
Email Address

Structure Owner / Contractor Signature: Tommy Patrick/B.S. Date: 7/15/19

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