

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: Joyce Capps Phone: 8043341221

Owner (s) Mailing Address: 2890 Old Bulls Creek Rd Angier

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN# _____ Parcel # _____

Job Cost: \$7000 Description of Work to be done change out 55
3 ton

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 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

9108975501
Telephone

724 Tunington Rd Dunn
Address

Email Address

17104
License #

Structure Owner / Contractor Signature: [Signature] Date: 09/16/19

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: Joyce Capps Phone: 8043346771

Owner (s) Mailing Address: 2907 Old Bulls Creek Rd Angier

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN# _____ Parcel # _____

Job Cost: \$7000 Description of Work to be done change out 55
3 ton

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, Will Capps will provide the elec labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 28240L, 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 elec Contractor's Company Name Telephone (919) 669 7209

252 park lane coats Address Email Address

28240L License #

Structure Owner / Contractor Signature: [Signature] Date: 09/19/19

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