

Application # hRES1910-0009

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: Orald Matthews Phone: (910) 8975676

Owner (s) Mailing Address: Washington St apartment

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 1565 N. Nolenway St Coats 23F

PIN# _____ Parcel # _____

Job Cost: \$4000 Description of Work to be done: change out

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 nicu, 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 HVAC Contractor's Company Name 9108975501 Telephone

724 Turnington Rd Dunn Address _____ Email Address

nicu License # _____

Structure Owner / Contractor Signature: [Signature] Date: 10/02/19

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: Orald Matthews Phone: (910) 8975676
Owner (s) Mailing Address: Washington St apartment

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: 1565 N. McKinley St Coats 23F
PIN# _____ Parcel # _____

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

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, Mike Coak will provide the elec labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 282491 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
252 Park Lane Coats
Address
282491
License #

9196697209
Telephone
Email Address

Structure Owner / Contractor Signature: Mike Coak Date: 10/02/19

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