

**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: Currin Apartments for the Elderly Phone: 910 897 5676

Owner (s) Mailing Address: \_\_\_\_\_

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

Construction or Site Address: Apt. Collett, South Turner Circle, Coats NC 27521

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

Job Cost: 400.00 Description of Work to be done Change out HVAC 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 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 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.

J&M Heating and Air 910 897 5501  
Contractor's Company Name Telephone  
724 Turbington Road, Dunn NC 28334 buckstone@centurylink.net  
Address Email Address  
17164  
License #

Structure Owner / Contractor Signature: Kent Johnson B.S. Date: 10/15/19

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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Owner (s) of Structure: Carrin Apartments for the Elderly Phone: 910 897 5676

Owner (s) Mailing Address: \_\_\_\_\_

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

Construction or Site Address: Apt. Colett, South Turner Circle, Coats NC 27521

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

Job Cost: 150<sup>00</sup> Description of Work to be done 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 4910U, 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 910 893 5774  
Contractor's Company Name Telephone

1309 N. Main Street, Lillington NC 27546 \_\_\_\_\_  
Address Email Address

4910U  
License #

Structure Owner / Contractor Signature: Tommy Patrick / B.S. Date: 10/15/19

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