

Application # _____

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: DENISE McINNIS Phone: (910) 897 5501

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 474 S-TURNER CIRCLE COATS

PIN# _____ Parcel # _____

Job Cost: \$ 0000 Description of Work to be done CHANGE OUT SSHP
3 1/2 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 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 HVAC
Contractor's Company Name

910 897 5501
Telephone

724 TWININGTON Rd Dunn
Address

Email Address

17164
License #

Structure Owner / Contractor Signature: [Signature] Date: 10/29/19

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: Denise Matthews Phone: (910) 8975501

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 47H S-Turner Circle Coats

PIN# _____ Parcel # _____

Job Cost: \$ 6000 Description of Work to be done change out SSHP
3 1/2 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 Tommy Patrick will provide the 4910U 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 LLC Contractor's Company Name (910) 237 1594 Telephone

1309 N Main St Lillington Address _____ Email Address _____

4910U License # _____

Structure Owner / Contractor Signature: Tommy Patrick Date: 10/28/19

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