

**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: Danize Matthews / Washington St. Apartments Phone: 910 897 5676

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

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

Construction or Site Address: Apartment 408 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 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

910 893 5774  
Telephone

1309 N. Main Street, Lillington NC 27546  
Address

\_\_\_\_\_  
Email Address

49104  
License #

Structure Owner / Contractor Signature: Tommy Patrick / O.S. Date: 10/31/19

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 / Washington St. Apartments - 910 897 5676 Phone: 910 897 5676  
Owner (s) Mailing Address: \_\_\_\_\_

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Construction or Site Address: Apartment 40B South Turner Circle, Coats NC 27521  
PIN# \_\_\_\_\_ Parcel # \_\_\_\_\_

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

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 Heat and Air  
Contractor's Company Name  
724 Turlington Road, Lenoir NC 28334  
Address  
17164  
License #

910 897 5301  
Telephone  
buderstone@centurylink.net  
Email Address

Structure Owner / Contractor Signature: Kent Johnson / B.S. Date: 10/31/19

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\*Company name, address, & phone must match information on license