

Address Change

Harnett County Central Permitting
PO Box 85 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: Danny Pollard Phone: 919524-5852
Owner (s) Mailing Address: 4189 NC27 ECOATS

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: _____
PIN# _____ Parcel # _____

Job Cost: \$6000 Description of Work to be done: Replace 15 ton Split heat pump system. No ductwork.

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.

JTM Heat & Air
Contractor's Company Name
124 Burlington Road, Dunn NC 28334
Address
17164
License #.

910 897 5501
Telephone
busterstone@centurylink.net
Email Address

Structure Owner / Contractor Signature: Kent Johnson JTS Date: 3/23/20

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

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: Danny Pollard Phone: 910 524 5852

Owner (s) Mailing Address: 6189 NC 27 E. COCKS

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # \$15000 Parcel # _____

Job Cost \$6500 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
1309 N. Main Street, Lillington NC 27534
 Address
49104
 License #

910 893 5774
 Telephone
 Email Address

Structure Owner / Contractor Signature: Tommy Patrick / B.S. Date: 3/23/20

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