| No. | 1626 | P. | 1 |
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Application #

| Hamatt | Carret. | A | D |
|---------|---------|---------|------------|
| narnett | County | Central | Permitting |

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.hamett.org/permits

Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

| Owner (s) of Structure: FRANCES DOWN TOWN Phone: 910 5876437 |
|---|
| Owner (s) Mailing Address: 445 446 Glerrox pliny liked Oun |
| Land Owner Name (s):Phone: |
| Construction or Site Address: |
| PiN:#Parcel # |
| Job Cost 9,000 Description of Work to be done Change Out SSheat pump |
| 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 # |
| (Contractors Name) will provide the McChanical labor on this structure. (Trade) Tent Johnson. will provide the McChanical labor on this structure. (Trade) The building owner or my NC state license number is 11/64, 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. |
| JAM Heat & Ail 910 897 5501 |
| Tolephone Tolephone Tolephone Tolephone Telephone Lustrafian Road, Dunn NL 28334 Lustrafian Contuny link, net Email Address |
| icense # |
| Structure Owner / Contractor Signature: Tent January 185, Date: 04 09 20 |
| By signing this application you affirm that you have obtained permission from the above listed license holder to burchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed work. |

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

| Application # No. 1626 P. | 2 | |
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Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Px: 910-893-2793 - www.harnest.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

| State (s) of Structure: FYCHOLOS CICLLOS |
|--|
| Owner (s) Mailing Address: 400 CECTOR PROME: 910 587 4432 |
| Owner (s) Mailing Address: 400 George Peny Lee Rd Duni |
| Land Owner Manne (1) |
| Construction or Size Address:Phone:Phone:Phone: |
| PIN# |
| Parcel # |
| Job Cost \$300 Description of Water 1 |
| Job Cost Description of Work to be done RECCON 1 (41CM) |
| Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other |
| 200 Amp Son Amp |
| - The state of the |
| Plumbing: Water/Sewer Tap Number of Baths Water Heater |
| Specific Directions to Job from Lillington: |
| |
| |
| Costs Jin mark |
| Subdivision: Lot# |
| T 81.1 |
| (Confractors Name) provide the Electrical labor on this structure. |
| |
| 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. |
| Valuick Fleenial Confine force DID 892 577/ |
| Contractor's Company Name Telephone |
| 209 10, Main Anot Istinator 111 2024 |
| Address Email Address |
| 44/00 icense # |
| |
| Structure Owner / Contractor Signature: January Latin 185. Date: 04/09/20 |
| by signing this application you affirm that you have obtained permission from the above listed license holder to |
| urchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell ne listed property for 12 months after completion of the listed work. |
| |

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