

Application # MRES 2005-0009

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: Delphine Pratt Phone: 910 308 6221

Owner (s) Mailing Address: 114 park Dr Dunn, NC 28334

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$6000 Description of Work to be done change out mobile home unit & coil

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 mechan 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
724 Tunington Rd Dunn
Address
17164
License #

(910) 897 5501
Telephone
Busterstone@centurylink.net
Email Address

Structure Owner / Contractor Signature: Kent Johnson x JL Date: 5/7/20

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

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Owner (s) of Structure: Delpnine Pratt Phone: (910) 308-6221
Owner (s) Mailing Address: 114 park dr Dunn 28334

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

PIN# _____ Parcel # _____

Job Cost: \$300 Description of Work to be done: Reconnection HVAC

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 28334
Address
49104
License #

910 893 5774
Telephone
Email Address _____

Structure Owner / Contractor Signature: Tommy Patrick / BS. Date: 5/7/20

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