

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Pk: 910-893-7525 - Fx: 910-893-2795 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Denise Matthews Phone: 9106588875
Owner (s) Mailing Address: 40 G S. Turner Circle (Washington St)

Land Owner Name (s): 40 G. S. Turner
Construction or Site Address: _____ Phone: _____
PIN #: _____ Parcel #: _____

Job Cost: \$ 6000 Description of Work to be done: change out

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
724 Turbington Road, Dunn NC 28534
Address
17164
License #.

910 897 5501
Telephone
bustarstone@centurylink.net
Email Address

Structure Owner / Contractor Signature: Kent Johnson JBS Date: 07/30/20

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: Denise Matthews Phone: (910) 638 8875
Owner (s) Mailing Address: 406 Washington S S. Turner Circle
Coats NC (Washington St)
Land Owner Name (s): _____ Phone: _____
Construction or Site Address: _____
PIN#: _____ Parcel #: _____

Job Cost: \$300 Description of Work to be done: change out reconnection

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 (Contractors Name) will provide the Electrical (Trade) 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.

Patrick Electrical Contractors Contractor's Company Name Telephone: 910 895 5774
1309 N. Main Street, Lillington AL 2834 Address
49104 License # Email Address: _____

Structure Owner / Contractor Signature: Tommy Patrick / B.S. Date: 07/30/20

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