

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 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: Vonnie Smith Phone: 910 824 4602
Owner (s) Mailing Address: 155 Buckskin Lane Erwin

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

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

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 #: _____

Kent Johnson will provide the Mechanical labor on this structure.
(Contractor's 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 Worthington Road, Dunn NC 28334
Address
17164
License #.

910 897 5501
Telephone
bushstone@centurylink.net
Email Address

Structure Owner / Contractor Signature: Kent Johnson / BS Date: 11/09/20

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 - Ft: 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: Vonnie Smith Phone: 9106244062
Owner (s) Mailing Address: 155 BUCKSKIN LANE FARM

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

Job Cost: \$200 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, Tammy 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 enables 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 2754
Address
49104
License #

910 893 5774
Telephone
Email Address

Structure Owner / Contractor Signature: Tammy Patrick / B.S. Date: 11/09/20

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