

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Fax 910-893-7525 - Fax 910-893-2755 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: LC Quinn Phone: (910) 8906452
Owner (s) Mailing Address: 199 Boone trail Dr MAMERS

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

Job Cost: \$1000 Description of Work to be done: change out mobile home unit

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.

JAM Heat & Air
Contractor's Company Name
724 Turbington Road, Dunn NC 28334
Address
17164
License #.

910 897 5501
Telephone
bustarstone@centurylink.net
Email Address

Structure Owner / Contractor Signature: Kent Johnson / B.S. Date: 12/28/20

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 - Fax 910-893-7525 - Fax 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: LC Quinn Phone: (910) 890 9452
Owner (s) Mailing Address: 199 Boone trail dr Manners

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

Parcel #: _____

Job Cost \$ 200 Description of Work to be done 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 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 2754
Address
49104
License #

910 893 5774
Telephone
Email Address _____

Structure Owner / Contractor Signature: Tommy Patrick / BS. Date: 12/28/20

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