

Harnett County Central Permitting
Certification of Work Performed By Owner/Contractor
PO Box 65 Lillington, NC 27546 - Fax 910-893-7525 - Fax 910-893-2793 - www.harnettcounty.com/permits
(Individual Trade Application)

Owner (s) of Structure: Denise Matthews
Owner (s) Mailing Address: 156 S. Mackinaw St. Coats
Phone: (910) 897 5676

Land Owner Name (s):
Construction or Site Address: Cumn apt for the equity
Phone: 608 S. Turner Circle Coats

Job Cost: \$4000
Parcel #:
Description of Work to be done: connect cut | reconnection

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
Electrical: 200 Amp 200 Amp < 200 Amp For Progress Energy customers we need the premise number Service Change Service Reconnect Other
Plumbing: Water/Sewer Tap Number of Baths Water Heater
Specific Directions to Job from Lillington:

Subdivision:
Lot #:
I am the building owner or my NC state license number is 17164 (Trade) 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.

Contractors Name: Jim Hart & The
Contractor's Company Name: Jim Hart & The
Address: 724 Worthington Road, Dunn, NC 28534
License #: 17164
Contractor Signature: Jim Hart
Date: 12/31/20

Telephone: 910 897 5501
Email Address: dustystone@centurylink.net

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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Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Denise Matthews Phone: (910) 897 5670
Owner (s) Mailing Address: 156 S. McKinley St Coats

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: Cumh apt for the elderly Coats S. Turner

PIN #: _____ Parcel #: _____
Circle Coats

Job Cost: \$ 6000 Description of Work to be done: change out split heat pump / 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 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 Rd 28334
Address
49104
License #.

910 893 5774
Telephone
Email Address _____

Structure Owner / Contractor Signature: Tommy Patrick / B.S. Date: 12/31/20

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