

Application # _____

Harnett County Central Permitting
 PO Box 65 Lillington, NC 27546 - P: 910-893-7525 - F: 910-898-2733 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
 (Individual Trade Application)

Owner (s) of Structure: Lee Shenn Phone: (910) 89161503
 Owner (s) Mailing Address: 1144 Oldstack Rd N. Coats

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

Job Cost: \$7000 Description of Work to be done: Mini Split install

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.

JVM Heat & Air Telephone: 910 897 5501
 Contractor's Company Name
124 Turfington Road, Dunn NC 28334 Email Address: jvms@centurylink.net
 Address
17164
 License #.

Structure Owner / Contractor Signature: Kent Johnson JBS Date: 03/01/21

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 910-893-7325 - Fax 910-838-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Leeshernm Phone: 910 890 1503
Owner (s) Mailing Address: 1144 Old Stage Rd North Coats

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

Job Cost: \$200 Description of Work to be done: Mini split install

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 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 27544
Address
49104
License #

910 893 5774
Telephone
Email Address _____

Structure Owner / Contractor Signature: Tammy Patrick / B.S. Date: 03/01/21

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