

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: Patrick Turner Phone: 850 543 2230

Owner (s) Mailing Address: 7170 Blueberry Ln
Norcross Fl 32566

Land Owner Name (s): Patrick Turner Phone: 850 543 2230

Construction or Site Address: 25 Remington H. II, Bunnlevel, 28323

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done Disconnect & reconnect HVAC equipment

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect Other HVAC

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

from Lillington Hwy 210 toward Anderson creek
R- Anderson creek school Rd., R- Samuel Black Rd
R- Wilson Run, Right Remington Hill

Subdivision: _____ Lot #: _____

I _____ will provide the _____ labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, 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.

John Paul Jones Electrical
Contractor's Company Name

910-527-7784
Telephone

2097 2097 Williams Duke Rd St Paul
Address

910-527-7784
Email Address

14183-2 14183
License #

Structure Owner / Contractor Signature: John Paul Jones Date: 7.29.21

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**

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Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: Patrick Turner Phone: 850 543 2230 - owner
918 863 5140 - Tenant

Owner (s) Mailing Address: 7170 Blueberry Lane
Navarre FL 32566

Land Owner Name (s): Patrick Turner Phone: 850 543 2230

Construction or Site Address: 25 Remington Hill, Bunnlevel, NC 28323

PIN # _____ Parcel # _____

Job Cost: 4550⁰⁰ Description of Work to be done Change out condenser,
Air handler, Heat Kit, Thermostat

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:

Hwy 210 South from Lillington, R- Anderson Creek School
Rd., R- (Lemuel) Rd, R- Wilson Run, R- Remington Hill
(Black)

Subdivision: _____ Lot #: _____

I Helmut Clark will provide the Mechanical - HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, 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.

Air Control
Contractor's Company Name

910 987 2070
Telephone

6623 Sherrill Baggett Rd - Godwin - 28344
Address

aircontrol49@centurylink
Email Address .net

21319
License #

Structure Owner / Contractor Signature: _____ Date: _____

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**