

Application #

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

Owner (s) of Structure: Julie Jackson Phone: 910-245-697
Owner (s) Mailing Address: 323 Butch St Erwin 28334

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

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

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.
(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.

JAM Heat & Air
Contractor's Company Name
124 Turbinton Road, Dunn NC 28334
Address
17164
License #

910 897 5501
Telephone
busterstone@centurylink.net
Email Address

Structure Owner / Contractor Signature: Kent Johnson J.S. Date: 07/06/21
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
P.O. Box 65 Lillington, NC 27546 - Fx 910-883-7525 - Fx 910-883-2785 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Julie Jackson Phone: (919) 245697
Owner (s) Mailing Address: 323 Butch St. Ewin, 28334

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.
(Contractor's 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 28334
Address
49104
License #:

910 895 5774
Telephone
Email Address

Structure Owner / Contractor Signature: Tammy Patrick / BS. Date: 07/06/21

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