

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Fax 910-899-7525 - Fax 910-899-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Daryl Salmon Phone: 910 890 7792
Owner (s) Mailing Address: 543 peach Farm rd Lillington

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

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

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 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.

Contractor's Company Name: JAM Heat & Air
Address: 74 Burlington Road, Dunn NC 28534
License #: 17164

Telephone: 910 897 5501
Email Address: lust@stone.net

Structure Owner / Contractor Signature: Kent Johnson / B.S. Date: 11/02/21

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

Hamlet County Central Permitting
Box 65 Lillington, NC 27546 - Fax 910-893-7525 - Fax 910-893-2733 - www.hamlet.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Darryl Salmen Phone: 910 890 7792
Owner (s) Mailing Address: 543 Peach Farm Rd Lillington

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

Job Cost: \$ 900 Description of Work to be done: reconnect chancel cut

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

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 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, NC 27546
Address
49104
License #

910 895 5774
Telephone
Email Address _____

Structure Owner / Contractor Signature: Tammy Patrick / SS. Date: 10/12/17/20
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