

Application #

Hainett County Central Permitting
 PO Box 65 Lenoir, NC 27546 - Fax 910-888-7525 - Fax 910-888-2788 - www.hainett.org/permits
 Certification of Work Performed By Owner/Contractor
 (Individual Trade Application)

Owner (s) of Structure: Jennifer Johnson Phone: _____
 Owner (s) Mailing Address: 388 John Lee Rd Dunn
 Land Owner Name (s): _____ Phone: _____
 Construction or Site Address: _____
 PIN#: _____ Parcel #: _____
 Job Cost: \$6000 Description of Work to be done: Reconnect HVAC 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 Licensior:

Subdivision: _____ Lot #: _____

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.

JTM Heat & Air
 Contractor's Company Name
124 Huntington Road, Dunn NC 28534
 Address
17164
 License #.

910 897 5501
 Telephone
busterstone@centurylink.net
 Email Address

Structure Owner / Contractor Signature: Kent Johnson JBS Date: 11/21/21

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 - Fr 910-893-7525 - Fx 910-893-2723 - www.harnett.org/permits
 Certification of Work Performed By Owner/Contractor
 (Individual Trade Application)

Owner (s) of Structure: Jennifer Johnson Phone: _____
 Owner (s) Mailing Address: 388 John Lee Rd Dunn

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

Job Cost: 200 Description of Work to be done: 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.
 (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 27534
 Address
49104
 License #

910 893 5774
 Telephone
 Email Address _____

Structure Owner / Contractor Signature: Tommy Patrick / BS. Date: 11/21/21

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