

Harnett County Central Permitting
PO Box 66 Lillington, NC 27546 - Fax 910-888-7525 - Fax 910-888-2788 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Conner Larson Phone: 8014406099
Owner (s) Mailing Address: 1511 NC 27 Lillington

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

Job Cost: \$6000 Description of Work to be done: Change out/ Reconnection

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, 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 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.

JTM Heat & Air
Contractor's Company Name Telephone: 910 897 5501
24 Turbington Road, Dunn NC 28334
Address Email Address: buststone@a.centurylink.net
17164
License #

Structure Owner / Contractor Signature: Kent Johnson J.S. Date: 3/13/22
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
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Conner Larson Phone: 804-440-0090
Owner (s) Mailing Address: 1511 NC 27 Lillington

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

Job Cost: \$200 Description of Work to be done: Change out / Reconnection

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork Gas Piping _____ Other _____
Electrical: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect _____ Other _____
Finishing: 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, 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.

Contractor's Company Name: Patrick Electrical Contractors Telephone: 910 895 5774
Address: 1309 N. Main Street, Lillington, NC 2834 Email Address: _____
License #: 49104

Structure Owner / Contractor Signature: Tommy Patrick / BS Date: 03/13/22

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