

Harnett County Central Permitting
PO Box 51 Wilmington, NC 28405 - Fax 910-898-7525 - Fax 910-898-2285 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Laurene Sanders Phone: (910) 897-8791
Owner (s) Mailing Address: 108 N. McLean St. Lenoir
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 _____
Fluorinating: Water/Sewer Tap _____ Number of Basins _____ Water Heater _____
*For Progress Energy customers we need the premise number
Specific Directions to Job from Litterator: _____

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 Wilmington Road, Dunn NC 28334
Address
17164
License #

910 897 5501
Telephone
busterstone@centurylink.net
Email Address

Structure Owner / Contractor Signature: Kent Johnson JBS Date: 3/13/22

By signing this application you affirm that you have obtained permission from the above listed license holder to prechase 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
Order (s) of Structure - LAVERNE JUNCTION
Order (s) Mailing Address - 108 W. WILSON ST COATS

Land Owner Name (s) - LAVERNE JUNCTION Phone - (910) 897-8291
Construction or Site Address - 108 W. WILSON ST COATS
Ply# _____ Phone _____

Job Cost - \$100 Parcel # _____
Description of Work to be done - CHANGE OUT RECONNECTORS

Mechanical - Near Unit With Ductwork Near Unit Without Ductwork Gas Piping Other _____
Electrical - 200 Amp 200 Amp Service Change _____ Service Reconnect _____ Other _____
Plumbing - Water/Sewer Tap Number of Bais _____ Water Header _____
Special Directions to Job from LHMaint _____

Subdivision _____ Lot # _____

I, Thomas Robert will provide the Electrical (Trade) labor on this structure.
(Contractor's Name) I am, the building owner or my NC state license number is 491011, which expires 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.

Robert Electrical Contractors Phone 910 895 5774
Contractor's Company Name
Address 1309 W Main Street, Wilmington NC 28534 Telephone _____
License # 491011 Email Address _____

Structure Owner / Contractor Signature Thomas Robert Date 3/13/22
By signing this application you admit that you have obtained permission from the above listed license holder to
purchase permits on their behalf. In doing the work as owner you understand that you cannot sell, lease or sell
the listed property for 12 months after completion of the listed work.

Company name, address, & phone must reach information on license