

Owner (s) of Structure: Stewart Ackerman  
Owner (s) Mailing Address: 145 came of coats Phone: 910 897 8352

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Construction or Site Address: \_\_\_\_\_

PN# \_\_\_\_\_ 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 \_\_\_\_\_  
\* 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 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  
24 Turbington Road, Durham NC 27834  
Address  
17164  
License #

910 897 5501  
Telephone  
buststone@centurylink.net  
Email Address

Structure Owner / Contractor Signature: Kent Johnson B.S. Date: 5/25/22

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

Owner (s) of Structure: Stewart Avenman Phone: 9108478352  
Owner (s) Mailing Address: 14.5 Camell St COATS

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Construction or Site Address: \_\_\_\_\_  
PIN#: \_\_\_\_\_ 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   
\* For Progress Energy customers we need the premise number  
Plumbing: Water/Sewer Tap \_\_\_\_\_ Number of Baths \_\_\_\_\_ Water Heater \_\_\_\_\_

Specific Directions to Job are Lillington  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I, Tommy Patrick will provide the Electrical labor on this structure.  
(Contractor 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 code-applicable State and local laws, ordinances and regulations.

Patrick Electrical Contractors  
Contractor's Company Name  
1309 N. Main Street, Lillington NC 2834  
Address  
49104  
License #

910 895 5774  
Telephone  
\_\_\_\_\_  
Email Address

Structure Owner / Contractor Signature: Tommy Patrick / BS Date: 05/25/22

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