

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 – Physical Address – 420 McKinney PKWY Lillington NC 27546
Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Jennie R Burrows Phone: 910.897.6238

Owner (s) Mailing Address: 54 Bad Rd Lane, Emory,

Land Owner Name (s): SAME AS ABOVE Phone: SAA

Construction or Site Address: SAA

PIN # _____ Parcel # _____

Job Cost (Required): \$5500 Description of Work to be done Change out 2T Gaspack

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork X 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 Solomon Maryland will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 22114, 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.

Solomon Maryland Heating & Air

252-883-1841

Contractor's Company Name

Telephone

1629 W Raleigh Blvd

solomon.maryland@yahoo.com

Address

Email Address

22114

License #

Structure Owner / Contractor Signature: Solomon Maryland Date: Aug 18, 2002

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**

Faxed or Mailed application could have an approximately 1-5 day process time

Application # _____

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Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Jennie R Burrows Phone: 910.897.6238

Owner (s) Mailing Address: 54 Bad Rd Ln, Erwin

Land Owner Name (s): SAME AS ABOVE Phone: SAA

Construction or Site Address: SAA

PIN # _____ Parcel # _____

Job Cost (Required): \$500 Description of Work to be done Change out 2T Gaspack

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork X Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect X 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 Carlton Cousar will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 19582-L, 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.

Carlton Cousar Electric

252-904-9411

Contractor's Company Name

Telephone

1716 Foxhall Dr, Rocky Mount, NC 27804

carltoncousar@gmail.com or bonestheman@gmail.com

Address

Email Address

19582-L

License #

Structure Owner / Contractor Signature: Carlton Cousar Date: Aug 18, 2022

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**

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