

Hamett County Central Permitting
 PO Box 65 Lillington, NC 27546 - Fax 910-833-7525 - Fax 910-833-2735 - www.hamett.org/permits
 Certification of Work Performed By Owner/Contractor
 (Individual Trade Application)

Owner (s) of Structure: Chad Becker Phone: (919) 9021524
 Owner (s) Mailing Address: 137 Meadow Hill Ridge Rd Dunn

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

Parcel #: _____ Parcel #: _____

Job Cost: \$1000 Description of Work to be done: check 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 Basins _____ 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 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.

J&A Heat & Air
 Contractor's Company Name
24 Worthington Road, Dunn NC 28334
 Address
17164
 License #

910 897 5501
 Telephone
hustington@centurylink.net
 Email Address

Structure Owner / Contractor Signature: Kent Johnson JBS Date: 04/19/22

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: Chad Becker Phone: (919) 902-1524
 Owner (s) Mailing Address: 137 Meadows Ridge Way

Land Owner Name (s): _____
 Construction or Site Address: _____ Phone: _____
 P/N#: _____ 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 _____ 400 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 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 other applicable State and local laws, ordinances and regulations.

Patrick Electrical Contractors Telephone: 910 895 5774
 Contractor's Company Name
1309 N. Main Street, Lillington, NC 27546 Email Address: _____
 Address
49104 License #: _____

Structure Owner / Contractor Signature: Tommy Patrick / BS Date: 09/19/22

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