

Owner (s) of Structure: KICKY MUMM Phone: (910) 759-0428
 Owner (s) Mailing Address: 602 N 15th EMIN

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

Job Cost: 80200 Description of Work to be done: _____

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 Litterator: _____

Subdivision: _____ Lot #: _____

Kent Johnson will provide the Mechanical labor on this structure.
 (Contractor's Name) (Trade)

I am the holding owner of 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 applicable State and local laws, ordinances and regulations.

JEM Heat & Air
 Contractor's Company Name
24 Turbington Road, Dunn, NC 2834
 Address
17164
 License #

910 897 5501
 Telephone
huststone@centurylink.net
 Email Address

Structure Owner / Contractor Signature: Kent Johnson / B.S. Date: 09/27/22

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 listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license

Owner (s) of Structure: Richard + Jackie Mummi Phone: (910) 754-0158
Owner (s) Mailing Address: 602 N. 15th Ewan

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

Job Cost: 6200 Description of Work to be done: Change out gas panel + Reconnection

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork _____ Gas Piping _____ Other _____
Electrical: 200 Amp _____ 400 Amp _____ Service Change _____ Service Reconnect _____ Other _____
Plumbing: Water/Sewer Tap _____ Number of Sinks _____ Water Heats _____

Specific Directions to Job from Littering: _____

Subdivision: _____ Lot#: _____

Thomas Patrick will provide the Electrical labor on this structure.
(Contractor Name) (Trade)

The issuing owner of 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 applicable State and local laws, ordinances and regulations.

Patrick Electrical Contractors
Contractor's Company Name
309 N. Main Street, Lillington NC 28348
Address
49104
License #

910 895 5774
Telephone
Email Address

Structure Owner / Contractor Signature: Thomas Patrick / BS Date: 9/27/22

By signing this application you affirm that you have obtained permission from the above listed license holder to use permits on their behalf. By 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