

Application #

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546 - Fx 910-883-7825 - Fx 910-883-2733 - www.harnett.org/permits  
Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: Matt Turner Phone: (910) 658-9044  
Owner (s) Mailing Address: 476 S. Turner Circle  
Washington St Apt

Land Owner Name (s): \_\_\_\_\_  
Construction or Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
P/N: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Job Cost: 7000 Description of Work to be done: change out 1.5 ton heat pump / reconnection

Mechanical: New Unit With Ductwork \_\_\_\_\_ New Unit Without Ductwork \_\_\_\_\_  Gas Piping \_\_\_\_\_ Other \_\_\_\_\_  
Electrical: 200 Amp \_\_\_\_\_ 200 Amp \_\_\_\_\_ Service Change \_\_\_\_\_ Service Reconnect \_\_\_\_\_ Other \_\_\_\_\_  
Plumbing: Water/Sewer Tap \_\_\_\_\_ Number of Basins \_\_\_\_\_ Water Heater \_\_\_\_\_  
\* For Progress Energy customers we need the premise number

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.

JEM Heat & Air  
Contractor's Company Name  
724 Washington Road, Dunn NC 28334  
Address  
17164  
License #

910 897 5501  
Telephone  
juststone@centurylink.net  
Email Address

Structure Owner / Contractor Signature: Kent Johnson JBS Date: 12/21/22

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: MATT TULLOY PHONE: (910) 658 9033  
Owner (s) Mailing Address: 47 C S. TURNER CIRCLE COCTS  
WASHINGTON ST APTS  
Land Owner Name (s): \_\_\_\_\_  
Construction or Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
PIN#: \_\_\_\_\_ Parcel#: \_\_\_\_\_  
Job Cost: 1000 Description of Work to be done: change out 1.5 ton

Technical: 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 Stubs \_\_\_\_\_ Water Heater \_\_\_\_\_  
Site Directions to Job from Lillington: \_\_\_\_\_

Address: \_\_\_\_\_ Lot#: \_\_\_\_\_

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

Building owner of my NC state license number is 49104, which enables me to  
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  
11. Main Street, Lillington NC 27534

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

9104  
Owner / Contractor Signature: Thomas Patrick / BS Date: 12/21/22

In this application you affirm that you have obtained permission from the above listed license holder to  
perform on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell  
property for 12 months after completion of the listed work.

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