

Harnett County Central Permitting
Certification of Work Performed By Owner/Contractor
(Local Trade Application)

Owner (s) of Structure: Caroline Barlowe Phone: 910 919 7587 517
Owner (s) Mailing Address: 440 Wheeler Dr Angier

Land Owner Name (s): _____
Construction or Site Address: _____
City: _____ State: _____
Parcel #: _____

Job Cost: \$101,000
Description of Work to be done: change out 2 units

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 Bells _____ Water Meters _____
* For Progress Energy customers we need the premise number

Specific Directions to Job from Licenser:

Subdivision: _____ Lot #: _____

I, Kent Johnson will provide the Mechanical labor on this structure.
(Contractor Name) (Trade)
I am the building owner of 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.

JAM Heat & Air
Contractor's Company Name
724 Worthington Road, Dunn NC 28534
Address
17164
License #

910 847 5501
Telephone
justin@jamheatandair.net
Email Address

Structure Owner / Contractor Signature: Kent Johnson JBS Date: 03/16/23

By signing this application you certify 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

Hairlett County Central Paratooling

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

Owner (s) of Structure: Caroline Barlow Phone: (919) 919-7580-7517
Owner (s) Mailing Address: 440 Wheeler Dr. Angier

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

Job Cost: \$200 Description of Work to be done: CHANGE OUT LEAKY HVAC / RECONNECTION

Mechanical: New Unit Water Disconnect _____ New Unit Ventilation Ductwork Gas Piping _____ Other _____
Electrical: 200 Amp _____ 400 Amp _____ Service Upgrade _____ Service Reconnect _____ Other _____
Plumbing: Water/Sewer Tap _____ Number of Sinks _____ Water Heater _____
Specific Directions to Job Site Limiter: _____

Subdivision: _____ Lot #: _____

I, Tommy Patrick, will provide the Electrical labor on this structure.
(Contractor Name) (Trade)

I am the holding owner of my NC state license number 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
Address
49104
License #

Structure Owner / Contractor Signature: Tommy Patrick / BS. Date: 03/10/23

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