

JOB # 74661442

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: CHRISTINE JOHNSON Phone: 716.467.4034

Owner (s) Mailing Address: 455 NEW CASTLE LANE
SPRING LAKE, NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: SAME AS ABOVE

PIN # _____ Parcel # _____

Job Cost: \$10,760 Description of Work to be done CHANGE OUT 3 TON S/S HEAT PUMP

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 BASS AIR CONDITIONING will provide the MECHANICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 33586, 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.

BASS AIR CONDITIONING COMPANY, INC
Contractor's Company Name
3261 NATAL STREET, FAYETTEVILLE NC 28306
Address
33586
License # _____

910-424-3570
Telephone
STACY@BASS-AIR.COM
Email Address

Structure Owner / Contractor Signature:  Date: 04.25.23

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

ELECTRICAL BY: ALLMAN ELECTRIC 6136-U

Application # _____

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

Owner (s) of Structure: Christine Johnson Phone: 716-467-4034

Owner (s) Mailing Address: 455 New Castle Lane
Spring Lake, NC 28398

Land Owner Name (s): Christine Johnson Phone: 716-467-4034

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): _____ Description of Work to be done: Rehook 3 ton 8 kw Split
(Boas H/AIR)

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 Baths Water Heater

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Donnie Louche will provide the electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 6136-U, 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.

Allman Electric Coys
Contractor's Company Name

345 Wilkes Rd Fayetteville NC 28306
Address

6136-U
License #

910-485-8617
Telephone

permits@allmanelectric.com
Email Address

Structure Owner / Contractor Signature: Donnie Louche Date: 4-25-23

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

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