

# 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: Timothy Morris Phone: 910-658-8550

Owner (s) Mailing Address: 345 COTTIE LAKE DR. COATS NC

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: 405 W. A ST. EDWIN NC

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: 250.00 Description of Work to be done HVAC RECONNECT. ATTIC  
IS IN THE ATTIC

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:

421 S. to EDWIN, RIGHT onto S. 13<sup>th</sup> ST, Right on Maillon Springs Rd, Right  
onto S. 14<sup>th</sup> ST, Left onto W. A ST. House is on LEFT

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I JAMES MACK HAMMOND will provide the Electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is U. 34950, 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.

JAMES MACK HAMMOND  
Contractor's Company Name

40 S. OAK LAKE DURN NC 28334  
Address

U. 34950  
License #

910-890-6123  
Telephone

JAMESHAMMOND1HVAC@gmail.com  
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 08-02-23

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

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(Individual Trade Application)

Owner (s) of Structure: Timothy Morris Phone: 910-658-8550  
Owner (s) Mailing Address: 345 COTTLE LAKE DR. COATS NC

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Construction or Site Address: 405 W. A ST. ERWIN NC  
PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \$10,500.00 Description of Work to be done HVAC Unit + ductwork Change out  
AHU is in Attic, Ductwork in Attic Condenser is outside REAR OF HOUSE

Mechanical: New Unit With Ductwork  New Unit Without Ductwork \_\_\_\_\_ Gas Piping \_\_\_\_\_ Other \_\_\_\_\_

Electrical\* 200 Amp \_\_\_\_\_ <200 Amp \_\_\_\_\_ Service Change \_\_\_\_\_ Service Reconnect \_\_\_\_\_ Other  HVAC Unit Reconnect  
\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap \_\_\_\_\_ Number of Baths \_\_\_\_\_ Water Heater \_\_\_\_\_

Specific Directions to Job from Lillington: 421 S. to ERWIN, Right on N. 13<sup>th</sup> St. go to  
Moulton Springs Rd turn Right, go to S. 19<sup>th</sup> St turn Right then  
LEFT on W. A St. House is on the LEFT

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I James Mark Hammond will provide the HVAC / Electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 35880, 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.

JAMES MARK HAMMOND  
Contractor's Company Name  
40 S. OAK LANE DUNN NC 28334  
Address  
35880 H-2, H-3-1  
License #

910-890-6123  
Telephone  
JameshammondHVAC@gmail.com  
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 08-02-23

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