

Application # \_\_\_\_\_

### Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 - Physical Address - 420 McKinney PKWY Lillington NC 27546

Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits

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

Owner (s) of Structure: Howard Bridges Phone: 9108932455

Owner (s) Mailing Address: 4093 NC55 COAS

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

Construction or Site Address: \_\_\_\_\_

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

Job Cost (Required): 000 Description of Work to be done check out / recomectic

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 Kent Johnson will provide the WEN labor on this structure.  
(Contractors 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.

Jasmine HVAC  
Contractor's Company Name

(910)8975501  
Telephone

724 Tunington Rd Dunn  
Address

jasmnhvac@a  
Email Address

17164  
License #

centum1mc.net  
05109124

Structure Owner / Contractor Signature: [Signature] Date: 05/10/24

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**

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Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: Howard Brickell Phone: (910) 893-2457

Owner (s) Mailing Address: 4093 Noss Court

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

Construction or Site Address: \_\_\_\_\_

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

Job Cost (Required): \$200 Description of Work to be done: change out/reconnect

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 Tom Patrick will provide the ELC labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 49101, 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.

Tom Patrick ELEC.  
Contractor's Company Name

(910) 237-1544  
Telephone

1309 N. Main St Lillington  
Address

\_\_\_\_\_  
Email Address

49101  
License #

Structure Owner / Contractor Signature: [Signature] Date: 05/09/26

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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