

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: Jeff & Shannon Lawell Phone: (919) 210-5284

Owner (s) Mailing Address: 39 Summerhall Ct Angier

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): \$6000 Description of Work to be done: change out / reconnection

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 MECH. 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.

Jasmin HVAC
Contractor's Company Name

(910) 897 5501
Telephone

124 Tunington Rd Dunn
Address

jasminhvac@
Email Address

17164
License #

antoni@me

Structure Owner / Contractor Signature: [Signature] Date: 02/17/23

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

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

Owner (s) of Structure: Laurell, Jeff & Shannon Phone: 9192105221

Owner (s) Mailing Address: 39 Sunnyside Ct Angier

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): \$200 Description of Work to be done check and 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: 05/17/24

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