

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 Edwin Jones Phone 910.489.9995

Owner (s) Mailing Address 302 COTTLE LAKE DR COVETS

Land Owner Name (s) _____ Phone _____

Construction or Site Address _____

PIN # _____ Parcel # _____

Job Cost: \$6000 Description of Work to be done change out / reconnection
Change out and 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:

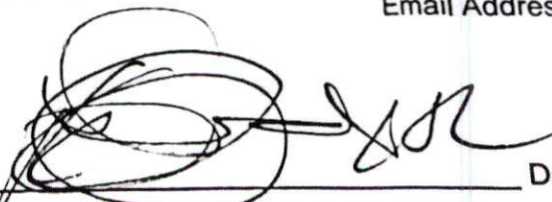
Subdivision: _____ Lot #: _____

I Tommy Patrick will provide the Elec labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 4910u, 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.

Land HVAC Patrick ele.
Contractor's Company Name
1309 N. Main Lillington
Address
4910u
License #

9108975501
Telephone
Jasminelloyd@centurylink.net
Email Address

Structure Owner / Contractor Signature:  Date: 06/19/2024

By signing this application you affirm that you have obtained permission from the above listed license holder purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or 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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**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: ~~Richard L. Jones~~ Edwin Jones Phone: ~~910-893-9905~~ 910-897-5501

Owner (s) Mailing Address: ~~256 Doern path Jane Erwin~~ 302 Cottage Hill Dr. Coats

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$6000 Description of Work to be done change out / reconnection
change out and reconnection split heat pump

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 Tommy Patrick Kent Johnson will provide the Elec Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 4910u 17104, 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.

J and M HVAC
Contractor's Company Name
1309 N. Main Lillington
Address
4901u
License #

9108975501
Telephone
Jasminelloyd@centurylink.net
Email Address

Structure Owner / Contractor Signature:  Date: 06/19/2024

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**