

Application # _____

Harnett County Central Permitting

420 McKinney Pkwy / PO Box 65 Lillington, NC 27546 – centralpermitting@harnett.org
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: Gary Kennedy Phone: _____

Owner (s) Mailing Address: 156 Remington drive Coats

Land Owner Name (s): Gary Kennedy Phone: _____

Construction or Site Address: 156 Remington Ave Coats

PIN # _____ Parcel # _____

Job Cost (Required): _____ Description of Work to be done change out 2.5 ton in crawl

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 #: _____

Tony Stephenson will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 18044, 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.

Stephenson Heating and Air Inc.
Contractor's Company Name
343 shipwash drive Garner, NC
Address
18044
License #

919-329-0684
Telephone
Stephensonservice@hotmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 8-20-24

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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Owner (s) Mailing Address: 156 Remington dr. Coats

Land Owner Name (s): Gary Kennedy Phone: _____

Construction or Site Address: 156 Remington dr. Coats

PIN # _____ Parcel # _____

Job Cost (Required): _____ Description of Work to be done Disconnect and Reconnect electrical for HVAC changeout

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 Bobby Jackson will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21144, 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.

R.A. Jackson electric
Contractor's Company Name
9201 Raleigh Rd. Benson
Address
21144
License #

919-894-5367
Telephone
RAJACKSONELECTRIC@embargmail.com
Email Address

Structure Owner / Contractor Signature: Bobby Jackson Date: 8-20-24

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