

**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 Shannon LaLette Phone (919) 210 5481

Owner (s) Mailing Address 103 Joe Collins Rd Lillington

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

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

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

Job Cost (Required): \$200 Description of Work to be done acornet mini split

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 Permal will provide the elec labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 49104, 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.

Permal Elec  
Contractor's Company Name

(910) 2371594  
Telephone

1309 N Main St Lillington  
Address

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

49104  
License #

Structure Owner / Contractor Signature: [Signature] Date: 06/24/24

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 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: SHANNON LAWELLE Phone 919 210 5284

Owner (s) Mailing Address: 193 JOE COLLINS RD LILLINGTON

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

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

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

Job Cost (Required): \$600 Description of Work to be done INSTALL MINISPLIT  
NEW CONDENSER

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) 997 5501  
Telephone

724 TUNNINGTON RD DUNN  
Address

JASMINHVAC@  
Email Address

17164  
License #

CENTURY LINK #

Structure Owner / Contractor Signature: [Signature] Date: 06/17/23

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**  
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