

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: Miriam Rios Phone: 787 231 9652

Owner (s) Mailing Address: 23 Stratford Drive
Dunn, NC 28334

Land Owner Name (s): Miriam Rios Phone: 787 231 9652

Construction or Site Address: 23 Stratford Drive, Dunn, NC 28334

PIN # _____ Parcel # _____

Job Cost: \$6,529.25 Description of Work to be done install duct system only

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 Jackson and Sons will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 30335, 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.

Jackson and Sons
Contractor's Company Name
2308 Indian Springs Road
Address
30335
License # _____

919 658 5054
Telephone
sharon@jacksonandsons.com
Email Address

Structure Owner / Contractor Signature: Sharon K. Dille Date: 9/26/2024

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**