

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: Robert Powell Phone: (910) 6581234

Owner (s) Mailing Address: 110 Parkway Dr Lillington

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): \$6000 Description of Work to be done 4 ton HVAC home
change out / Furnace / A coil / 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 Huac
Contractor's Company Name

124 Tunington Rd Dunn
Address

17164
License #

(910) 2975501
Telephone

jasminhuac@
Email Address

Century Internet
06/09/25

Structure Owner / Contractor Signature: [Signature] Date: 06/12/23

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

[Signature]
[Signature]
[Signature]

Application # _____

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

Owner (s) of Structure: Russle Powell Phone: 9102371303

Owner (s) Mailing Address: 111 Patway Lane Lillington

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$6000 Description of Work to be done Change out split heat pump and 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 Electrical 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.

Patrick Elec.

Contractor's Company Name

1309 N. Main Lillington

Address

4910u

License # _____

9102371594

Telephone

Jasminelloyd@centurylink.net

Email Address

Structure Owner / Contractor Signature:  Date: 06/06/25
01/03/2025

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**