

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: RUSSEL MOONE Phone: (910) 237 2378

Owner (s) Mailing Address: COA WOODS Rd DUNN

and Owner Name (s): X Phone: \_\_\_\_\_

Construction or Site Address: X

IN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost (Required): \$6000 Description of Work to be done: change out 4ten Gp and Reconnection

Mechanical: New Unit With Ductwork \_\_\_\_\_ New Unit Without Ductwork X Gas Piping \_\_\_\_\_ Other \_\_\_\_\_

Electrical\*: 200 Amp \_\_\_\_\_ <200 Amp \_\_\_\_\_ Service Change \_\_\_\_\_ Service Reconnect X 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: \_\_\_\_\_

Division: \_\_\_\_\_ Lot #: \_\_\_\_\_

Kent Johnson will provide the WEL labor on this structure.  
(Contractors Name) (Trade)

I, 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 applicable State and local laws, ordinances and regulations.

Jasmin Huac  
Contractor's Company Name

724 Tunington Rd Dunn

17164  
#

(910) 897 5501  
Telephone

jasminhuac@centurylink.net  
Email Address

Owner / Contractor Signature: [Signature] Date: 09/09/25

In this application, you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If you are the owner, you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the 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: Russle Moore Phone: 9102371303

Owner (s) Mailing Address: 609 Weeks Rd. Dunn

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**