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:	denise mattheus ILL	C_Phone: 9108975501
Owner (s) Mailing Address	: 380 S. Ral Rast	coats
	330	
Land Owner Name (s):		Phone:
Construction or Site Addre	ess:	to the same the same to the sa
PIN #	Parcel #	
Job Cost: \$6000 D  Change out and reconnection	escription of Work to be done Change out s	split heat pump and reconnection.
Mechanical: New Unit W	/ith Ductwork New Unit Without Duct	work _ Gas Piping Other
Electrical*: 200 Amp * For Progre	_ <200 Amp Service Change Service Service Change Service Service Change Service Change Service Change Service Servi	se number  Other
Plumbing: Water/Sev	wer Tap Number of Baths	Water Heater
Specific Directions to Job	from Lillington:	
Subdivision:		ot #:
Tommy Patrick	will provide the	labor on this structure.
(Contractors Nam	ne) (	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 co	mply with the State Building Code and al
other applicable State and	local laws, ordinances and regulations.	
Patrick Elec.		9102371594
Contractor's Company Name 1309 N. Main Lillington		Telephone Jasminelloyd@centurylink.net
Address 4910u		Email Address
License #  Structure Owner / Contract	tor Signature:	7 1/2/ 25 Date: 12025

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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Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: Denise Mattheu	US ILLC Phone: (910) 2975501
Owner (s) Mailing Address: 330 5 · R	ail Kal St coats
Land Owner Name (s):	Phone:
Construction or Site Address:	1992
PIN # Parce	l#
Job Cost: \$6000 Description of Work to be done Change out and reconnection	Change out split heat pump and reconnection.
Mechanical: New Unit With Ductwork New Unit	
* For Progress Energy customers we ne	
Plumbing: Water/Sewer Tap Number of	Baths Water Heater
Specific Directions to Job from Lillington:	
Subdivision:	Lot #:
Kent Johnson will provide the Mechan	ical labor on this structure.
(Contractors Name)	(Trade)
I am the building owner or my NC state license number	r is 17164 , which entitles me to
perform such work on the above structure legally. All v	
other applicable State and local laws, ordinances and r	
J and M HVAC	9108975501
Contractor's Company Name	Telephone
724 Turlington Rd. Dunn, NC 28334	Jasminelloyd@centurylink.net
Address	Email Address
17164	
License #	2) XII 7115175
Structure Owner / Contractor Signature:	Date: 115125
By signing this application you affirm that you have obt	ained permission from the above listed license holde

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.