

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: Kristina Cottle Smith Phone: (919) 213 4787

Owner (s) Mailing Address: 390 Cottle Lake Dr COCUTS

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 Kent Johnson will provide the Mechanical 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.

J and M HVAC

Contractor's Company Name

724 Turlington Rd. Dunn, NC 28334

Address

17164

License # \_\_\_\_\_

9108975501

Telephone

Jasminelloyd@centurylink.net

Email Address

Structure Owner / Contractor Signature: [Signature] Date: 8/25/25

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**

Application # \_\_\_\_\_

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

Owner (s) of Structure: Kristina Smith Phone: 9192734187

Owner (s) Mailing Address: 390 Cottle Lake Dr. CC015

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 \_\_\_\_\_

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\* 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

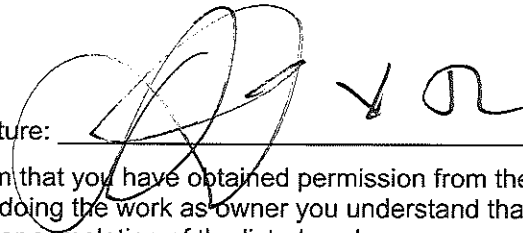
License #

9102371594

Telephone

Jasminelloyd@centurylink.net

Email Address

Structure Owner / Contractor Signature:  Date: 2025 08/25/25

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