

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: Bonnie Pope Phone: (919) 820 2332

Owner (s) Mailing Address: 345 Silas Moore Rd Coats

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 1 Duct work

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: 11/01/25 /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**

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

Owner (s) of Structure: BONNIE POPE Phone: 9198202332

Owner (s) Mailing Address: 545 SILAS MOORE RD COATS

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 / DUCT WORK

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:  Date: 11/01/25

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***Company name, address, & phone must match information on license**