

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: Northpoint Lake Charles Apt. Phone: 910-436-3328

Owner (s) Mailing Address: 166 Wedgewood Dr.
Spring Lake NC 28396

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 25-A Jeff St.

PIN # _____ Parcel # _____

Job Cost: 4,193.86 Description of Work to be done Change out 2 ton Split HP
with HWUF Air handler SKW

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: Northpoint Apartments Lot #: 25-A Jeff St.

I Total Systems Htg + Ctg. will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 28846, 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.

Total Systems Heating + Cooling 910-436-3450
Contractor's Company Name Telephone
13341 NC Hwy 210 S. Service@totalsystemsnc.co
Address Spring Lake Email Address
28846 License #

Structure Owner / Contractor Signature: [Signature] Date: 6-25-19

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