

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: Mana Babin Phone: 910-489-5579

Owner (s) Mailing Address: 383 Falling Water Rd
Spring Lake, NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done Installed 4-ton 14seer
split heat pump 10KW

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 Total Systems Heating & Cooling Inc 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
Contractor's Company Name

910-438-3450
Telephone

13341 NC Hwy 210 South, Spring Lake, NC 28390
Address

Service@totalsystemsnc.com
Email Address

28846
License #

Structure Owner / Contractor Signature: [Signature] Date: 10-23-19

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**