

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: Joseph Howell Phone: 704-472-6582

Owner (s) Mailing Address: 120 Ginseng St
Spring Lake NC 28390

Land Owner Name (s): Joseph Howell Phone: 704-472-6582

Construction or Site Address: 120 Ginseng St.

PIN # 0504-86-0421 Parcel # _____

Job Cost: 1,952.52 Description of Work to be done: Replace 2.5 ton
Split H/P Attic

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:

South on 310 Right on overhills Left on Ray Rd
Rg Left on W Northpoint Right on Ginseng

Subdivision: Coopers Creek Lot #: 37

I Jerry Hall will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, 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
Contractor's Company Name

910-436-3450
Telephone

13341 Hwy 310 S Spring Lake
Address

service@totalsystemsnc.com
Email Address

28846
License #

Structure Owner / Contractor Signature: [Signature] Date: 4/29/2021

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**