

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 Apt. Phone: 910.436.3328

Owner (s) Mailing Address: 16 B Wedgewood Dr
Spring Lake, Nc 28390

Land Owner Name (s): North Point Lake Charles Phone: 910.436.3328

Construction or Site Address: 100-D Pinecrest

PIN # 0514.06.4365.0000 Parcel # 0105140014

Job Cost: 4,308.57 Description of Work to be done Change out 2 Ton SHP
8 KW APT. Style AHU

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 Apt. Lot #: _____

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

I am the building owner or my NC state license number is 288416, 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
13341 NCHwy 210 S. Spring Lake
Address
288416
License #

910.436.3450
Telephone
Service@total-systemsnc.com
Email Address

Structure Owner / Contractor Signature: _____ Date: 6/8/21

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