| Application | # |
|-------------|---|
| Application | π |

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:   | Frank Mathias          | Phone: 803-422-2480   |
|---|------------------------|---|
| Owner (s) Mailing Addr  | ess: 119 Saunders Ct   |   |
|   | Spring Lake,NC 2       |   |
| Land Owner Name (s):  | Francis Mathias        | Phone: 803-422-2480   |
| Construction or Site Ad   | dress: 119 Saunders (  | Ct, Spring Lake,NC 28390  |
| PIN # 0521-05-5011.000  | 1                      | Parcel # 010524 0081 23   |
|   |                        |   |
| Job Cost: 6,783.00  | _Description of Work   | to be done Change Out 2 Ton SHP w/ 10 KW Heat Strips  |
|   |                        |   |
| Mechanical: New Uni   | t With Ductwork        | New Unit Without Ductwork Gas Piping Other  |
|   |                        | Service Change Service Reconnect _ Other ners we need the premise number  |
| Plumbing: Water/  | Sewer Tap              | Number of Baths Water Heater  |
| Specific Directions to J  | oh from Lillington     |   |
|   | oo nom Emmotor.        |   |
|   |                        |   |
| Subdivision:  |                        | Lot #:  |
|   |                        |   |
| Bobby McLemore Jr (Contractors N  | will provide tale)     | the Electrical labor on this structure.  (Trade)  |
| I am the building owner   | r or my NC state licer | nse number is 33777L, which entitles me to  |
| perform such work on t  | he above structure le  | egally. All work shall comply with the State Building Code and all  |
| other applicable State  | and local laws, ordina | ances and regulations.  |
| 2B Services   |                        | 910-485-0068  |
|   | Name                   | Telephone   |
| Contractor's Company Name  1493 Seabrook Sch Rd , Fayetteville, NC 28312  Addresse  Telephone twobservicesinc@yahoo.com |                        |   |
| Address   |                        | Email Address   |
| 33777L  |                        |   |
| License #   |                        |   |
| Structure Owner / Conf  | tractor Signature:     | Jally M. Jenne of Date: 5-22-22   |
|   |                        | ou have obtained permission from the above listed license holder to<br>e work as owner you understand that you cannot rent, lease or sell |

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

the listed property for 12 months after completion of the listed work.



Bobby McLemore (910) 485-0068

Let me help you SAVE MONEY on your Energy Costs!

| ANI      |
|----------|
| 0        |
| OICE     |
| Z        |
| <u> </u> |
| 1790     |
| 0        |

| 5,8                   | TOTAL   |   | Thank You   | Tha   | CUSTOMER SIGNATURE DATE  | CUSTON   |                        |
|-----------------------|---|---|---|---|--|--|------------------------|
|                       |   |   | OF YORKE IMPRA  |   |  |  | , are                  |
|                       | TAX   |   | SERVICE AGREEMENT   | □SFRVI  | у под отпольной при постоя под   |  |                        |
|                       |   | IMFI  | ☐ OVERTIME  | ☐ REGULAR   | the to entire the control of the con | Bile to equipment/materials fur<br>said oquipment/materials fur<br>in the SellerBuyer transact/out |                        |
|                       | TRAVEL CHARGE                                     | ents or technicians are led company.                          | express or implied, and its age<br>inties on behalf of above name                                   | not authorized to make anysuch warrantes, e   | ork alligad above which has been entitled.   | have authority to order the w  |                        |
|                       | DIAGNOSTIC  | are warranted by the add by the above name g. The above named | rials, parts and equipment a<br>rranty only. All labor performe<br>s otherwise indicated in writing | LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers written warranty only. All labor performed by the above name company is warranted for 30 days or as otherwise indicated in writing. The above named |  |  |                        |
|                       | REPAIRS TOTAL                                     |   | REPAIRS TOTAL   | R   | invoice  | invoice  |                        |
| JMMARY                | TOTAL SUMMARY                                     |   |   |   |  |  |                        |
| REPLACE               | O.K. ORE  |   |   |   |  |  |                        |
| ESS. SWITCH           | STA   |   |   |   |  |  |                        |
| COMP'TS.  CONTRACTORS | ☐ RELAYS ☐ CONTRACT                               |   |   |   |  |  |                        |
|                       | ☐ STRIP HEAT ☐ DEFROST CYCLE                      |   |   |   |  |  |                        |
|                       | ☐ BLOWER ASSEMBLY                                 |   |   |   |  |  |                        |
| ILUE<br>OPER,         | ☐ PRIMARY RELAY & FLUE ☐ FAN & LIMIT SWITCH OPER. |   |   |   |  |  |                        |
| <b>-</b> 1            |   |   |   |   |  |  |                        |
| CHANGER               | BURNER & HEAT EXCHANGER                           |   |   |   |  |  |                        |
|                       | FILTER SIZE                                       |   |   |   |  |  |                        |
| S BEDIACED            | AIR FILTERS                                       |   |   |   |  |  |                        |
| )RAIN PAN<br>)RAIN    | INSPECT & CLEAN DRAIN PAN                         |   |   |   |  | Mectrical  |                        |
| 3 WB                  | GONDENSATE AREAS                                  |   |   |   |  | DESCRIPTION OF WORK  |                        |
| °F LVG DB °F          | CLEAN COIL & CHECK FIN                            |   |   |   |  |  |                        |
| S & MOTOR             | L CHK, LUB BEARINGS & MOTOR  EVAPORATOR COIL      |   |   |   |  | PARED  | WORK TO BE PREPARED    |
| UST BELT)             | FAN PULLEYS (ADJUST BELT)                         |   |   |   |  |  | TECHNICIAN             |
| ECTIONS               | CONTACTS TIGHT & CLEAN                            |   |   |   | SCHED.   TIME  TIME  | ONE(WORK)  | PHONE(HOME)PHONE(WORK) |
| AMPS                  | FAN AND MOTOR                                     |   |   |   | PROMISED   | DOING LAKE NO  | Sol                    |
| ☐ CHARGE              | REFRIGERANT                                       |   |   |   | DATE 5-22-22   | Saunders ct  | CITA IIIC              |
| CK FIN COND.          | ☐ CLEAN COIL & CHECK FIN COND.                    |   | 15  |   |  | a) Systems   | STREET OH              |
| ¥F TION               | CONDENSER COIL                                    |   | RS COMPLETED  | REPAIRS   | CC NO.   | HVAC Sales & Service • Duct Testing • Plumbing Repairs   | HVAC Sales & S         |
| 2 5                   | ☐ CONTACTS TIGHT & CLEAN                          | JMBER   | SERIAL NUMBER   | SERIAL NUMBER   | EXP.DATE   |  | Serving F              |
| PSI                   | ☐ HEAD  |   | MODEL   |   | CREDIT CARD ☐ MC ☐ VISA ☐ AMEX   | license #18127   | SERVICES               |
| PSI                   | ☐ COMPRESSOR ☐ SUCTION                            |   | MAKE  | MAKE  | □CASH<br>□CHECK DRIVER'S LIC. NO.  | P.O. Box 2068<br>Fayetteville, NC 28302  |                        |
| CHECK LIST            | CHEC  | TINU  |   | TINU  | METHOD OF PAYMENT  | twobservicesinc@yahoo.com  |                        |