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:	Betty McNeal	Phone: 910-813-4204
Owner (s) Mailing Addre	ess: 644 Riverwind Dr	
	Spring Lake, NC 28390	
Land Owner Name (s):	Robert McNeal	Phone: 910-813-4204
	dress: 644 Riverwind Dr Spring	Lake, NC 28390
PIN # 0534-64-9250.000		rcel # 010545 0016 41
Job Cost: 7,479.74	_Description of Work to be do	one Change Out ICP/Carrier 2 Ton SHP, 10KW HeatStrips
Mechanical: New Unit	With Ductwork New Un	it Without Ductwork <u>✓</u> Gas Piping Other
	<200 Amp Service gress Energy customers we	Change Service Reconnect Other need the premise number
Plumbing: Water/S	Sewer Tap Number of	of Baths Water Heater
Specific Directions to Jo	ob from Lillington:	
	To Hotel Elimigatori	
Subdivision:		_Lot #:
Total Systems HTG & C	LG will provide the HVAC	(Trade) labor on this structure.
(Contractors N	LG will provide the HVAC ame)	(Trade)
I am the building owner	or my NC state license numb	per is 28846 , which entitles me to
perform such work on the	ne above structure legally. A	II work shall comply with the State Building Code and all
other applicable State a	and local laws, ordinances an	d regulations.
Total Systems Heating an	d Cooling, Inc	910-436-3450
Contractor's Company	Name	Telephone
133341 NC HWY 210 S,	Spring Lake NC 28390	service@totalsystemsnc.com
Address		Email Address
28846	_	
License #		
Structure Owner / Cont	ractor Signature:	Mate: 5-26-207

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.