

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: Brookside Hills LTD Phone: 910-436-1983

Owner (s) Mailing Address: 56 Sweet Lane
Spring Lake, NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 25-D Honey Dr., Spring Lake, NC 28390

PIN # 0504-96-1591.000 Parcel # 0105250043

Job Cost: 5,346.99 Description of Work to be done Change Out - Goodman 2 Ton SHP w/ 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: Brookside Hills Apartment Lot #: 25-D Honey Dr

I Total Systems HTG & CLG 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 and Cooling, Inc
Contractor's Company Name
133341 NC HWY 210 S, Spring Lake NC 28390
Address
28846
License # _____

910-436-3450
Telephone
service@totalsystemsnc.com
Email Address

Structure Owner / Contractor Signature:  Date: 10/11/2013

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**