Α	pplication	#	

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:	ZACK MUELLER	Phone: 719-337-2433
Owner (s) Mailing Addr	ess: 430 BIRCH AVE	
., -	SPRING LAKE	
Land Owner Name (s):	ZACK MUELLER	Phone: 719-337-2433
Construction or Site Ad	Janeary 430 BIRCH AVE	
PIN #		
	_Description of Work to be done JCTLESS HEAT PUMP. LOCATED IN GAI	RAGE.
Mechanical: New Unit	t With Ductwork New Unit Withou	t Ductwork Gas Piping Other
Electrical*: 200 Amp * For Pro	<200 Amp Service Change _ gress Energy customers we need the	Service Reconnect Other premise number
Plumbing: Water/s	Sewer Tap Number of Baths _	Water Heater
Specific Directions to Jo	ob from Lillinaton:	
Subdivision:		Lot #:
ERNEST JOHNSON (Contractors N	will provide the MECHANICAL ame)	labor on this structure.
I am the building owner	or my NC state license number is 348	38 , which entitles me to
		all comply with the State Building Code and all
other applicable State a	and local laws, ordinances and regulati	ons.
CAROLINA AIR		910-947-7707
Contractor's Company I	Name	Telephone
3700 HWY 15-501		candace@carolinaair.com
Address 34838		Email Address
License #	~	
Structure Owner / Contr	actor Signature:	Date: 4/22/2024
		permission from the above listed license holder

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.