

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: Jenna Goode Phone: 910-814-7480

Owner (s) Mailing Address: 1136 Vic Keith Rd  
Sanford, NC 27332

Land Owner Name (s): Jenna Goode Phone: 910-814-7480

Construction or Site Address: 1136 Vic Keith Rd, Sanford, NC 27332

PIN # 9586-81-5202.000 Parcel # \_\_\_\_\_

Job Cost: \$9,479.59 Description of Work to be done Mitsubishi 1 Ton SHP

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: \_\_\_\_\_ Lot #: \_\_\_\_\_

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: 6/04/2024

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**

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Land Owner Name (s): Jenna Goode Phone: 910-814-7480

Construction or Site Address: 1136 Vic Keith Rd, Sanford, NC 27332

PIN # 9586-81-5202.000 Parcel # \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done Reconnect HVAC

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: \_\_\_\_\_ Lot #: \_\_\_\_\_

I Bobby McLemore Jr will provide the Electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 33777L, 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.

2B Services  
Contractor's Company Name  
1493 Seabrook Sch Rd , Fayetteville, NC 28312  
Address  
33777L  
License # \_\_\_\_\_

910-485-0068  
Telephone  
twobservicesinc@yahoo.com  
Email Address

Structure Owner / Contractor Signature:  Date: 6/4/2024

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**