

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: Mark & Kathryn Dalton Phone: 910-850-2090

Owner (s) Mailing Address: 195 Edgecombe Dr
Spring Lake, NC 28390

Land Owner Name (s): Mark & Kathryn Dalton Phone: 910-850-2090

Construction or Site Address: 195 Edgecombe Dr, Spring Lake, NC 28390

PIN # 0514-36-4589.000 Parcel # 010504 0002 38

Job Cost: 9000.00 Description of Work to be done Replace 3 Ton Split Heat Pump w/8KW Heat Strips

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 36823, 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: 6/4/2025

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**