

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: Western Medical Group Phone: _____

Owner (s) Mailing Address: 40 Autumn Trail
Lillington NC 27546

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 985 NC 87 South Cameron, NC 28326

PIN # 9576-62-3591.000 Parcel # 039568 0091 04

Job Cost: 39,841.56 Description of Work to be done Change Out - (6) 2 ton SHP,
(1) 3 ton SHP, (1) 4 ton SHP total of 8 units

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: Take Hwy 24/27 to Hwy 87 S
heading towards Spring Lake location used one
mile on left. ~~See~~ Behaven Medical Center.

Subdivision: _____ Lot #: _____

I Jerry Hall will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 28846-H2+H3, 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 & Cooling, Inc
Contractor's Company Name

910 436-3450
Telephone

13341 NC Hwy 210 S
Address
28846 H-2+H3 Spring Lake 28390

Service@totalsystemsnc.com
Email Address

License # _____

Structure Owner / Contractor Signature: [Signature] Date: 1-9-20

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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Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: Western Medical Group Phone: 919-770-9444

Owner (s) Mailing Address: 40 Autumn Trail
Lillington, NC 27546

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 985 NC 87 South Cameron, NC 28326

PIN # 9576-62-3591000 Parcel # 039568009104

Job Cost: \$1,200.00 Description of Work to be done: Reconnect a total of 8 split heat pumps

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 Baxters Electric will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 11284-Ulim, 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.

Baxters Electric
Contractor's Company Name

2104 Bingham Dr.
Address

11284- Unlimited
License #

910-425-6500

Telephone

baxterselectrical@

Email Address

201.com

Structure Owner / Contractor Signature: David Baxter Date: 1-9-20

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**