

Application # MRFS2002-0000

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: Enduring Grace Church Phone: 910-893-2900

Owner (s) Mailing Address: 728 S. Main St.
Lillington 27546

Land Owner Name (s): same Phone: _____

Construction or Site Address: 391 Felton Rd Lillington

PIN # 0519-51-1926.000 Parcel # 139691 015201

Job Cost: \$4,300⁰⁰ Description of Work to be done: Replace 10kw modular furnace with 3 ton pump coil + HP condenser - insert - drain line

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 Rt 401 - Right on Spring Hill Church Rd left on Felton Double wide on right side

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 NC 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 & Cooling
Contractor's Company Name

910-436-3450
Telephone

13341 Hwy 210 S Spring Lake 28390
Address

Service@totalsystemsnc.com
Email Address

NC 28846
License #

Structure Owner / Contractor Signature: [Signature] Date: 12-1-2020

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

Application # _____

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

Owner (s) of Structure: Enduring Grace Invst. Phone: 910 893 2900

Owner (s) Mailing Address: 728 S. Main St.
Lillington 27546

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 321 Falcon Rd. Lillington

PIN # 0519-51-1926.000 Parcel # 139 691015201

Job Cost: 125.00 Description of Work to be done: Reconnect 3ton Condenser
30 amp circuit 16 KW mobile home furnace 60amp

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

I am the building owner or my NC state license number is 11284-H, 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 Electrical
Contractor's Company Name
2104 Bindum Dr. SE
Address
11284-H
License #

910-425-10570
Telephone
baxterselectrical@aol.com
Email Address

Structure Owner / Contractor Signature: David Baxter Date: 12-1-20

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