

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: Charles Wellows Phone: 910-497-2136

Owner (s) Mailing Address: PO Box 766 Spring Lake
NC 28390

Land Owner Name (s): BB A Phone: _____

Construction or Site Address: West North Point Spring Lake

PIN # 0504-96-0176 Parcel # _____

Job Cost: 3091 Description of Work to be done Replace 2.0 Tonn
Split H/P condenser

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:
218 - Left Overhills Rd - Rt. Left Ray Rd
Right on W North Street

Subdivision: _____ Lot #: _____

I Bobby McInnere
ZB Services INC 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.

Contractor's Company Name
13341 Hwy 210 S Spring Lake
Address
28846
License #

910-436-3950
Telephone
servicelat@holsysteminc.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 5/25/2021

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