9103230594

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 Tracle Application)

Owner (s) of Struct	ture: Caitlin McGowan	Phone: 860-877-3130	
Owner (s) Mailing A	Address: 56 Valley Pines Cir. Sp	pring Lako NC 20096	
Land Owner Name	(s):	Phone:	
Construction or Site	e Address:		
PIN #		Parcel #	
Job Cost:	Description of Work to b	ne done ² opin system near pump change outs.	
Mechanical: New	Unit With Ductwork New	v Unit Without Ductwork ✓ Gas Piping Other	
		vice Change Service Reconnect Other we need the premise number	
i tumbing. We	ater/Sewer Tap Numl	ber of Baths Water Heater	
Subdivision:		Lot #:	
Amoid Gervice Co.	will provide the	IVAC / Electrical labor on this structure.	
(Contracto	ors Name)	(Trade)	
am the building ov	wner or my NC state license n	number is 22474 / 30859-U , which entitles me to	
perform such work	on the above structure legally	y. All work shall comply with the State Building Code and all	
other applicable St	ate and local laws, ordinances	s and regulations.	
The same of the sa			
Arnold Service Co.	Al-	910-425-3350	
Contractor's Comp. 820 Person St.	any Name	Telephone	
Address		Patrick@ascheatandair.com Email Address	
22474 / 30859-U		Littali Address	
License #	+		
	0	alulla	
Structure Owner / 0	Contractor Signature.	Date: 1/4/6	
		ive obtained permission from the above listed license holder	
		rk as owner you understand that you cannot rent, lease or s	

the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license