

### 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: Shannon Walsh Phone: 910-670-2248

Owner (s) Mailing Address: 85 Blue Pine Dr Spring Lake, NC 28390

Land Owner Name (s): Shannon Walsh Phone: 910-670-2248

Construction or Site Address: 85 Blue Pine Dr Spring Lake, NC 28390

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: 17046.88 Description of Work to be done: Change out of a 2.5 tn split system heat pump. Connected to existing duct work + existing electrical

Mechanical: New Unit With Ductwork \_\_\_\_\_ New Unit Without Ductwork  Gas Piping \_\_\_\_\_ Other \_\_\_\_\_

Electrical\*: 200 Amp \_\_\_\_\_ <200 Amp \_\_\_\_\_ Service Change \_\_\_\_\_ Service Reconnect \_\_\_\_\_ Other  connected to existing electrical.  
\* 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 Michael C Furst will provide the HVAC/Electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 17439 H2-H3/27413 SP PH 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.

Furst Heating + Air Conditioning Inc  
Contractor's Company Name

910-323-0587  
Telephone

2976 Dunn Rd Eastover, NC 28312  
Address

Kim@furstair.com  
Email Address

17439 H2-H3/27413 SP PH  
License #

Structure Owner / Contractor Signature: Michael C Furst Date: 10/18/24

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

# Credit Card Authorization Form

Please complete all fields in full. Credit card information is shredded nightly and this document will be locked.

## Credit Card information

Card Type:

<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
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Cardholder Name (as shown on card): Click here to enter text.

Card Number: 4046-0112-0204-7820

Expiration Date: (mm/yy): 03/28

CVC Code: 116

I, Michael Foust, authorize Harnett County NC to charge my credit card above for the agreed upon purchase.

X Michael Foust

Customer Signature