

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: Haile McGill Phone: 518-813-3996

Owner (s) Mailing Address: 694 Heathrow Dr. Spring Lake NC 28390

Land Owner Name (s): Haile McGill Phone: 518-813-3996

Construction or Site Address: 694 Heathrow Dr. Spring Lake NC 28390

PIN # _____ Parcel # _____

Job Cost: 11700.00 Description of Work to be done Split heat pump change out with electrical reconnect

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 Arnold Service Co. will provide the HVAC / Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 22474 / 30859-U, 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.

Arnold Service Co.
Contractor's Company Name
820 Person St.
Address
22474 / 30859-U
License # _____

910-425-3350
Telephone
Patrick@ascheatandair.com
Email Address

Structure Owner / Contractor Signature: _____ Date: 8-8-25

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**