pplication #

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: ORLANDO NEAL & LESLIE MARIE INMAN Phone: 910-703-0294	4
Owner (s) Mailing Address: 41 WILLIAMSBURG WAY	
CAMERON NC 28326-8918	
Land Owner Name (s): ORLANDO NEAL & LESLIE MARIE INMAN Phone: 910-703-0294	4
Construction or Site Address: 41 WILLIAMSBURG WAY CAMERON NC 28326-8918	_
PIN # Parcel #	. 40
Job Cost: 8293.00 Description of Work to be done REPLACING WHOLE HOUSE MORTE SYSTEM IN CLOSET	EX HEAT PUMP
Mechanical: New Unit With Ductwork New Unit Without Ductwork ✓ Gas Piping _	
Electrical*: 200 Amp Service Change Service Reconnect ✓ * For Progress Energy customers we need the premise number	Other
Plumbing: Water/Sewer Tap Number of Baths Water Heater	
Specific Directions to Job from Lillington:	
Subdivision:Lot #:	
I ARS will provide the MECHANICAL/ELECTRICAL labor on this (Contractors Name)	structure.
I am the building owner or my NC state license number is 23253/28807-L , which enti	tles me to
perform such work on the above structure legally. All work shall comply with the State Build	ding Code and all
other applicable State and local laws, ordinances and regulations.	
AMERICAN RESIDENTIAL SERVICES LLCdba ARS 919-861-0883	
Contractor's Company Name Telephone	
517 PYLON DRIVE, RALEIGH NC 27606 8876INSPECTION	S@ARS.COM
Address Email Address	
23253/28807-L	
License #	
Structure Owner / Contractor Signature: Angle Con Date: 10	0/18/2019
By signing this application you affirm that you have obtained permission from the above list purchase permits on their behalf. If doing the work as owner you understand that you cannot the listed property for 12 months after completion of the listed work.	ed license holder ot rent, lease or s