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: MARY HOLMES	Phone: 910-514-4122
Owner (s) Mailing Address 1635 TIM CURRIN RD LILLINGTON NC 275	46
Land Owner Name (s): MARY HOLMES	Phone: 910-514-4122
Construction or Site Address: 1635 TIM CURRIN RD LILLINGTON NC 2	7546
PIN # 0529-41-1895.000 Parcel # 130621.000	06 04
Job Cost: 10296.00 Description of Work to be done REPLACE WILDUCT MODS AND ZONE SYSTEM IN ATTIC	
Mechanical: New Unit With Ductwork New Unit Without Ductw	vork Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service The Progress Energy customers we need the premise	ervice Reconnect Other <u> </u>
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington:	
Subdivision: WALKERS CREEK EST Lot	#:
I ARS will provide the MECHANICAL/ELECTI (Contractors Name) (Ti	RICAL labor on this structure.
I am the building owner or my NC state license number is23253/2	•
perform such work on the above structure legally. All work shall com-	
other applicable State and local laws, ordinances and regulations.	•
AMERICAN RESIDENTIAL SERVICES LLC	919-861-0883
Contractor's Company Name Telephone	
517 PYLON DRIVE RALEIGH NC 27606	8876INSPECTIONS@ARS.COM
Address	Email Address
23253/28807 License #	
Structure Owner / Contractor Signature:	Date: 5/1/2020

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