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:	NANCY KEHOE	Ph	one: 9104363008	
Owner (s) Mailing Addre	ess: 744 SIERRA TRAIL SF	PRING LAKE NC 28390		
Land Owner Name (s):	NANCY KEHOE	Pho SPRING LAVE NO 20200	one: 9104363008	
	dress: 744 SIERRA TRAIL			
PIN #		Parcel #		
Job Cost: 8226.00 IN THE ATTIC	_Description of Work to b	e done REPLACE WHOLE	HOUSE SPLIT GAS A/C SYSTEM	
Mechanical: New Unit	l t With Ductwork Nev	v Unit Without Ductwork _	✓ Gas Piping Other	
		rice Change Service we need the premise num	Reconnect <u></u> Other	
Plumbing: Water/s	Sewer Tap Num	ber of Baths Wat	er Heater	
Specific Directions to Jo	ob from Lillington:			
		<u></u>		
Subdivision:		Lot #:		
I_ ARS	will provide the <sup>f</sup>	MECHANICAL/ELECTRICAL	labor on this structure.	
(Contractors N	ame)	(Trade)		
I am the building owner	or my NC state license n	number is 23253/28807-L	, which entitles me to	
perform such work on the	he above structure legally	. All work shall comply w	ith the State Building Code and a	
other applicable State a	and local laws, ordinances	s and regulations.		
AMERICAN RESIDENTIAL SERVICES LLC dbd ARS			9198820649	
Contractor's Company Name			elephone	
517 PYLON DRIVE RALEIGH NC 27606			8876INPSECTIONS@ARS.COM	
Address			Email Address	
23253/28807-L	_			
License # Structure Owner / Conti	ractor Signature:	for culo	Date: 5/18/20	
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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.