

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: JAMI POWELL Phone: 785-766-8388

Owner (s) Mailing Address: 580 SPRING FLOWERS DR

Land Owner Name (s): JAMI POWELL Phone: 785-766-8388

Construction or Site Address: 81 KATZ ANGIER NC 27501

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

Job Cost: 8391.00 Description of Work to be done REPLACE WHOLE HOUSE SPLIT HEAT PUMP IN THE SCUTTLE HOLE

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 ARS will provide the MECHANICAL/ELECTRICAL labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23253/28807-L, 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.

AMERICAN RESIDENTIAL SERVICES LLC dbd ARS

Contractor's Company Name

517 PYLON DRIVE RALEIGH NC 27606

Address

23253/28807-L

License #

919-882-0649

Telephone

8876INPSECTIONS@ARS.COM

Email Address

Structure Owner / Contractor Signature: *Jami Powell* Date: 6/8/2020

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**