

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: SARAH NASCIMENTO Phone: 9109880898

Owner (s) Mailing Address: 55 ELIJAH CT

Land Owner Name (s): SARAH NASCIMENTO Phone: 9109880898

Construction or Site Address: 55 ELIJAH CT

PIN # _____ Parcel # _____

Job Cost: 8160.00 Description of Work to be done REPLACING WHOLE HOUSE HEAT PUMP SYSTEM
IN THE CLOSET

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

919-882-0649

Contractor's Company Name

Telephone

517 PYLON DRIVE RALEIGH NC 27606

8876INPSECTIONS@ARS.COM

Address

Email Address

23253/28807-L

License #

Structure Owner / Contractor Signature  Date: 6/15/20

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**