

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: KEVIN & MARIA MACHAL Phone: 910-436-1512

Owner (s) Mailing Address: 432 CRUTCHFIELD DR

Land Owner Name (s): KEVIN & MARIA MACHAL Phone: 910-436-1512

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 11650 Description of Work to be done REPLACING WHOLE HOUSE HEAT PUMP SYSTEM & ZONE SYSTEM IN ATTIC

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:

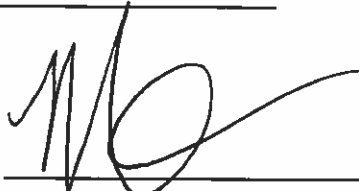
Subdivision: _____ Lot #: _____

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 29147/28807, 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
Contractor's Company Name
517 PYLON DRIVE RALEIGH NC 27606
Address
29147/28807
License #

919-861-0883
Telephone
8876INSPECTIONS@ARS.COM
Email Address



Structure Owner / Contractor Signature: _____ Date: 02/09/2021

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**