

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: THELMA SHEPHERD Phone: 910-578-9234

Owner (s) Mailing Address: 55 ROBESON CT SPRING LAKE NC 28390

Land Owner Name (s): THELMA SHEPHERD Phone: 910-5787-9234

Construction or Site Address: 55 ROBESON CT SPRING LAKE NC 28390

PIN # _____ Parcel # _____

Job Cost: 21088 Description of Work to be done REPLACING UPPER/LOWER HEAT PUMP SYSTEM IN ATTIC & CRAWL SPACE

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: 3/10/2021

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**