Application #	
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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:		Phone: 907-351-4779
Owner (s) Mailing Addre	ess: 519 WOOD POINT DR	
Land Owner Name (s):	STEVEN LORENZO dress: 519 WOOD POINT DR	Phone: 907-351-4779
PIN # 0506-87-9054.000		cel # 01053610 0028 25
Job Cost: 13140.00	_Description of Work to be do	ne REPLACE WHOLE HOUSE HEAT PUMP SYSTEM
		IN SCUTTLE HOLE
Electrical*: 200 Amp	<200 Amp Service (	it Without Ductwork Gas Piping Other Change Service Reconnect Other
* For Pro	gress Energy customers we r	leed the premise number
Plumbing: Water/S	Sewer Tap Number o	f Baths Water Heater
Specific Directions to Jo	bb from Lillington:	
Subdivision: WOODSHII	RE PH6	Lot #:407
(Contractors Notes of Lam the building owner perform such work on the contract of the contractors of the con	ame) or my NC state license numb ne above structure legally. Al	HANICAL/ELECTRICAL labor on this structure.  (Trade)  er is 29147/28807 , which entitles me to labor on this structure.
other applicable State a	nd local laws, ordinances and	regulations.
AMERICAN RESIDENTA	L SERVICES LLC	919-861-0883
Contractor's Company Name		Telephone
517 PYLON DRIVE RALEIGH NC 27606		8876INSPECTIONS@ARS.COM
Address		Email Address
29147/28807 License #	- Λ.	
Structure Owner / Contr	ractor Signature:	Date: 3/18/2021
By signing this applicati	an way office that was base a	hading all manusing in a face the place it is a literary to the

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