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: MELINDA JOHNSON	Phone: <sup>253-861-9593</sup>
Owner (s) Mailing Address: 20 MALLARD TRAIL SANFORD NC	27532
Land Owner Name (s): MELINDA JOHNSON	Phone: 253-861-9593
Construction or Site Address: 20 MALLARD TRAIL SANFORD N	IC 27532
PIN # Parcel #	
Job Cost: 7700.00Description of Work to be done REPL	ACING UPPER HEAT PUMP SYSTEM IN
	SCUTTLE HOLE
Mechanical: New Unit With Ductwork New Unit Withou	
Electrical*: 200 Amp <200 Amp Service Change _ * For Progress Energy customers we need the	Service Reconnect Other ✓ premise number
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington:	
Subdivision:	Lot #:
(Contractors Name) will provide the MECHANICAL	/ELECTRCIAL labor on this structure.
(Contractors Name)	(Trade)
I am the building owner or my NC state license number is $\frac{291}{100}$	
perform such work on the above structure legally. All work sh	nall comply with the State Building Code and al
other applicable State and local laws, ordinances and regulati	ions.
AMERICAN RESIDENTIAL SERVICES LLC	919-861-0883
Contractor's Company Name	Telephone
517 PYLON DR RALEIGH NC 27606	8876INSPECTIONS@ARS.COM
Address	Email Address
MECH29147/ELEC28807	
License #	
Structure Owner / Contractor Signature:	Date: 6/9/2021
By signing this application you affirm that you have obtained p	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.