

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: RAFAEL RODRIGUEZ Phone: 470-313-6961

Owner (s) Mailing Address: 40 GREAT PINE CT SPRING LAKE 28390

Land Owner Name (s): RAFAEL RODRIGUEZ Phone: 470-313-6961

Construction or Site Address: 40 GREAT PINE CT SPRING LAKE 28390

PIN # _____ Parcel # _____

Job Cost: 5333.00 Description of Work to be done INSTALLING NEW MINI SPLIT FOR BONUS ROOM

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 RESIDENTAIL SERVICES LLC

Contractor's Company Name

517 PYLON DRIVE RALEIGH NC 27606

Address

MECH29147/ELEC28807

License #

919-861-0883

Telephone

8876INSPECTIONS@ARS.COM

Email Address

Structure Owner / Contractor Signature:  Date: 6/22/2021

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**