Αp	plication	#	

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:	BILLY SMITH	Phone: 919-894-7169
Owner (s) Mailing Addre	ess: 246 SKEET R	ANGE RD
Land Owner Name (s):	BILLY SMITH	Phone: 919-894-7169
Construction or Site Ad	dress 246 SKEET	RD
PIN#	ui 055	Parcel # REPLACING WHOLSE HOSUE HEAT PUMP SYS
		ork to be done REPLACING WHOLE HOUSE SPLIT HEAT PUMP
Mechanical: New Unit	t With Ductwork _	New Unit Without Ductwork <u> </u>
Electrical*: 200 Amp	<200 Amp _ gress Energy cus	Service Change Service Reconnect Other <u>✓</u> stomers we need the premise number
Plumbing: Water/s	Sewer Tap	Number of Baths Water Heater
Specific Directions to Jo	ob from Lillington:	:
Subdivision:		Lot #:
I ARS(Contractors N	will provi	de the MECHHANICAL/ELECTRICAL labor on this structure. (Trade)
I am the building owner	or my NC state I	icense number is 29147/28807 , which entitles me to
perform such work on t	he above structur	re legally. All work shall comply with the State Building Code and al
other applicable State a	and local laws, or	dinances and regulations.
AMERICAN RESIDENTIA	AL SERVICES LLC	919-861-0883
Contractor's Company	Telephone	
517 PYLON DRIVE RALE	8876INSPECTIONS@ARS.COM	
Address MECH29147/ELEC28807	7	Email Address
		100
License # Structure Owner / Cont	ractor Signature:	Date: 11/11/2021

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