

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: TERRENCE MITCHELL Phone: 910-494-3483

Owner (s) Mailing Address: 125 RAY LEE DR LINDEN NC 28356

Land Owner Name (s): TERRENCE MITCHELL Phone: 910-494-3483

Construction or Site Address: 125 RAY LEE DR LINDEN NC 28356

PIN # _____ Parcel # _____

Job Cost: 12456.00 Description of Work to be done REPLACING WHOLE HOUSE HEAT PUMP SYSTEM IN CLOSET

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 MECHHANICAL/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
MECH29147/ELEC28807
License #

919-882-0664
Telephone
8876INSPECTIONS@ARS.COM
Email Address

Structure Owner / Contractor Signature:  Date: 12/28/2021

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**