

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: RICHARD & ALYSSA WING Phone: 910-691-8449

Owner (s) Mailing Address: 55 PARKVIEW LANE LILLINGTON NC 27546

Land Owner Name (s): RICHARD & ALYSSA WING Phone: 910-691-8449

Construction or Site Address: 55 PARKVIEW LANE LILLINGTON NC 27546

PIN # _____ Parcel # _____

Job Cost: 18000 Description of Work to be done REPLACING UPPER & LOWER SPLIT HEAT PUMP
IN CLOSET & ATTIC

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: 1/5/2022

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**