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:	ELOISE STINSON	Phone: 813-480-7313		
Owner (s) Mailing Addre	ess: 17 LONGLEAF PINE	E WAY SANFORD NC 27332		
Land Owner Name (s):	ELOISE STINSON	Ph	ione: 813-480-7313	
Construction or Site Ad	dress: 17 LONGLEAF PI	INE WAY SANFORD NC 2733	2	
PIN #		Parcel #		
Job Cost: 15611	_Description of Work to	o be done REPLACING WHO	LE HOUSE SPLIT HEAT PUMP	
Mechanical: New Unit	: With Ductwork N	lew 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/s	Sewer Tap Nu	ımber of Baths Wa	ter Heater	
Specific Directions to Jo	ob from Lillington:			
Subdivision:		Lot #:		
I ARS (Contractors N	will provide the	MECHHANICAL/ELECTRIC (Trade)	AL labor on this structure.	
I am the building owner	or my NC state license	e number is 29147/28807	, which entitles me to	
			vith the State Building Code and all	
other applicable State a	and local laws, ordinand	ces and regulations.		
AMERICAN RESIDENTIA	AL SERVICES LLC		919-882-0664	
Contractor's Company	Name		Telephone	
517 PYLON DRIVE RALE	IGH NC 27606		8876INSPECTIONS@ARS.COM	
Address			Email Address	
MECH29147/ELEC28807	27			
License #				
Structure Owner / Contr	ractor Signature:	(+20)	Date: 1/24/2022	

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