

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: BEVERLY GODFREY Phone: 919-935-9335
Owner (s) Mailing Address: 124 CLOUD CT SANFORD NC 27332

Land Owner Name (s): BEVERLY GODFREY Phone: 919-935-9335
Construction or Site Address: 124 CLOUD CT SANFORD NC 27332
PIN # _____ Parcel # _____

Job Cost: 10,000.00 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 MECHHANCIAL/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: 3/28/2022

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**