

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: ROBERT TURNER Phone: 704-231-4760

Owner (s) Mailing Address: 967 HERITAGE WAY CAMERON NC 28326

Land Owner Name (s): ROBERT TURNER Phone: 704-231-4760

Construction or Site Address: 967 HERITAGE WAY CAMERON NC 28326

PIN # _____ Parcel # _____

Job Cost: 13866.00 Description of Work to be done REPLACING WHOLE HOUSE SPLIT HEAT PUMP SYSTEM IN CRAWLSPACE

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

919-882-0664

Contractor's Company Name

Telephone

517 PYLON DRIVE RALEIGH NC 27606

8876INSPECTIONS@ARS.COM

Address

Email Address

MECH29147/ELEC28807

License #

Structure Owner / Contractor Signature:  Date: 5/11/2022

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**