

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: CHAD WHITE Phone: 919-353-4326

Owner (s) Mailing Address: 137 MICRO TOWER RD, LILLINGTON NC 27526

Land Owner Name (s): CHAD WHITE Phone: 919-353-4326

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 8136.00 Description of Work to be done _____
REPLACING UPPER SPLIT HEAT PUMP SYSTEM IN SCUTTLE HOLE SERVICING 2ND FLOOR

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

919-861-0883

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: 7/15/2022

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**