

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: HOWARD CHASE Phone: 315-572-5456

Owner (s) Mailing Address: 370 SIERRA TRL, SPRING LAKE NC 28390

Land Owner Name (s): HOWARD CHASE Phone: 315-572-5456

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: \$10881.00 Description of Work to be done _____

REPLACING WHOLE HOUSE SPLIT HEAT PUMP SYSTEM IN SCUTTLE HOLE

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 L.16701/30152, 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

919-861-0883

Telephone

8876INSPECTIONS@ARS.COM

Email Address

MECH L.16701 / ELEC 30152

License #

Structure Owner / Contractor Signature:  Date: 9/8/2022

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**