Αp	plication	#		

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:	BROOKE ABERNATHY	Phone: 910-580-4730					
Owner (s) Mailing Addre	ess: 5628 RIVER RD FUQUAY VARI	NA 27526					
Land Owner Name (s):	BROOK ABERNATHY	Phone: 910-580-4730					
Construction or Site Add	dress: 5628 RIVER RD FUQUAY VA	RINA 27526					
PIN#	Parcel #						
Job Cost: 5528400		EPLACING WHOLE HOUSE SPLIT HEAT PUMP					
Mechanical: New Unit	With Ductwork / New Unit Wi	thout Ductwork Gas Piping Other					
Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other <u>✓</u> * For Progress Energy customers we need the premise number							
Plumbing: Water/S	Sewer Tap Number of Ba	ths Water Heater					
Specific Directions to Jo	ob from Lillington:	,,,,,					
Subdivision:		Lot #:					
I ARS(Contractors N	will provide the MECHHAN	NICAL/ELECTRICAL labor on this structure.					
I am the building owner	or my NC state license number is	16701/30152 , which entitles me to					
perform such work on the	ne above structure legally. All wo	rk shall comply with the State Building Code and al					
other applicable State a	nd local laws, ordinances and reg	ulations.					
AMERICAN RESIDENTIA	AL SERVICES LLC	919-861-0883					
Contractor's Company I	Name	Telephone					
517 PYLON DRIVE RALE	EIGH NC 27606	8876INSPECTIONS@ARS.COM					
Address		Email Address					
MECH16701/ELEC30152	- A						
License #	#						
Structure Owner / Contr	ractor Signature:	Date: 9/13/2022					

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 selfthe listed property for 12 months after completion of the listed work.