		Application #	
PO Box 65 Lilli	ington, NC 27546 - Ph: 910 Certification of Work	unty Central Permi -893-7525 - Fx: 910-893 A Performed By Owne ual Trade Application)	-2793 - www.harnett.org/permits er/Contractor
Owner (s) of Structure	BEATRICE HILL	P	phone: 718-235-0699
Owner (s) Mailing Addr	ess 451 JOEL JOHNSON	RD LILLIGTON NC 27546	;
			Phone: 718-235-0699
Construction or Site Ad	dress: 451 JOEL JOHSON	RD LILLIGTON NC 27546	3
PIN # Parcel #			
	_Description of Work to b		
			k ✓ Gas Piping Other ce Reconnect Other ✓_
	gress Energy customers		
Plumbing: Water/	Sewer Tap Numl	per of Baths W	ater Heater
Specific Directions to Jo	ob from Lillington:		
			······································
Subdivision:		Lot #:	<u> </u>
			CAL labor on this structure.
I am the building owner	or my NC state license n	umber is	⁵² , which entitles me to
perform such work on t	he above structure legally	All work shall comply	with the State Building Code and all
other applicable State a	and local laws, ordinances	and regulations.	
AMERICAN RESIDENTIA	AL SERVICES LLC		919-861-0883
Contractor's Company	Name		Telephone
641 S NEW HOPE RD R	ALEIGH NC 27610		8876INSPECTIONS@ARS.COM
Address			Email Address
MECH16701/ELEC30152 License #	<u>.</u>	Ato	
Structure Owner / Cont	ractor Signature:	TI-	Date: 4/21/2023
By cigning this applicati	on you affirm that you be	ve obtained permission	from the above listed license holder.

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