

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 RYAN Phone: 919-498-1279

Owner (s) Mailing Address: 429 COACHMAN WAY SANFORD NC 27332

Land Owner Name (s): ROBERT RYAN Phone: 919-498-1279

Construction or Site Address: 429 COACHMAN WAY SANFORD NC 27332

PIN # _____ Parcel # _____

Job Cost: 2655.32 Description of Work to be done _____
INSTALLING 50 GALLONG WATER HEATER IN GARAGE

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:

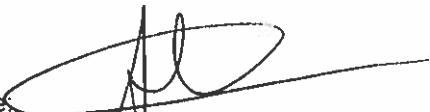
Subdivision: _____ Lot #: _____

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/L.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
641 S NEW HOPE RD RALEIGH NC 27610
Address
PLUM-16701/ELEC30152
License #

919-861-0883
Telephone
8876INSPECTIONS@ARS.COM
Email Address

Structure Owner / Contractor Signature:  Date: 5/3/2023

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**