

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: TIMOTHY BEAMON Phone: 919-625-2026

Owner (s) Mailing Address: 507 VICTORIA HILLS DIRVE SOUTH FUQUAY VARINA NC 27526

Land Owner Name (s): TIMOTHY BEAMON Phone: 718-235-0699

Construction or Site Address: 507 VICTORIA HILLS DIRVE SOUTH FUQUAY VARINA NC 27526

PIN # 0663-15-5403.000 Parcel # 08065301 0105 20

Job Cost: 13600.00 Description of Work to be done REPLACING UPPER & LOWER SPLIT HEAT PUMP SYSTEM IN SCUTTLE HOLE & CRAWL SPACE

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
MECH16701/ELEC30152
License #

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

Structure Owner / Contractor Signature:  Date: 2/6/2024

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**