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:	CALLIE JONES	Phone: 910-580-8882
Owner (s) Mailing Addre	ess: 1410 MCLEAN CH	Phone: 910-580-8882 APEL CURCH RD BUNNLEVEL NC 28323
Land Owner Name (s):	CALLIE JONES	Phone: 910-580-8882
Construction or Site Add	dress: 1410 MCLEAN C	Phone: 910-580-8882 HAPEL CURCH RD BUNNLEVEL NC 28323
PIN #0556-86-3979.000		Parcel #
	_Description of Work to	be done INSTALLING WHOLE SPLIT HEAT PUMP SYS &
Mechanical: New Unit	t With Ductwork 🗸 N	lew Unit Without Ductwork Gas Piping Other
Electrical*: 200 Amp * For Pro	<200 Amp Sogress Energy custome	ervice Change Service Reconnect Other <a>✓ ers we need the premise number
Plumbing: Water/S	Sewer Tap Nu	mber of Baths Water Heater
Specific Directions to Jo	ob from Lillington:	
	12 22 41	
Subdivision:		Lot #:
I ARS (Contractors N	will provide the	MECHHANICAL/ELECTRICAL labor on this structure. (Trade)
I am the building owner	or my NC state licens	e number is L.16701/L.30152 , which entitles me to
		ally. All work shall comply with the State Building Code and a
other applicable State a	and local laws, ordinan	ces and regulations.
AMERICAN RESIDENTIA	AL SERVICES LLC	919-861-0883
Contractor's Company Name		Telephone
641 S NEW HOPE RD RA	8876INSPECTIONS@ARS.COM	
Address MECH16701/ELEC30152		Email Address
License #	_	12
Structure Owner / Contr	ractor Signature:	Date: 2/8/2024

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