

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: HOWARD CAMERON Phone: 910-304-7990

Owner (s) Mailing Address: 3645 WALKER RD
LINDEN NC 28356

Land Owner Name (s): HOWARD CAMERON Phone: 910-304-7990

Construction or Site Address: 3645 WALKER RD

PIN # _____ Parcel # _____

Job Cost: \$10,000.00 Description of Work to be done REPLACE GAS PACK IN CRAWL

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 MECHANICAL/ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is L.16701/ 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 DR. RALEIGH NC 27610
Address

919-287-6480
Telephone
8876INSPECTIONS@ARS.COM
Email Address

MECH L.16701 / ELEC 30152
License #

Structure Owner / Contractor Signature: Matthew Austin Date: 3/18/2024

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**