## **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:	JULIANNA GILL	Phone: 716-380-2805
Owner (s) Mailing Addre	ess: 291 GALLERY DR A	PT 104
Land Owner Name (s):		Phone:
Construction or Site Add	dress:	
PIN #	******	Parcel #
Job Cost: 9500.00 REPLACING WHOLE HO	_ ,	be done TPUMP SYSTEM IN CLOSET
Mechanical: New Unit	With Ductwork N	ew Unit Without Ductwork 👱 Gas Piping Other
Electrical*: 200 Amp * For Pro	<200 Amp Segress Energy custome	ervice Change Service Reconnect Other rs we need the premise number
Plumbing: Water/S	Sewer Tap Nu	mber of Baths Water Heater
Specific Directions to Jo	ob from Lillington:	
Subdivision:		Lot #:
ARS (Contractors N	will provide the	MECHHANICAL/ELECTRICAL labor on this structure.
I am the building owner or my NC state license number is 16701/L.23731-04, which entitles me to		
		ally. All work shall comply with the State Building Code and all
other applicable State a	-	
AMERICAN RESIDENTIAL SERVICES LLC (dba) ARS		ARS 919-861-0883
Contractor's Company Name		Telephone
641 S NEW HOPE RD RALEIGH NC 27610		8876INSPECTIONS@ARS.COM
Address		Email Address
MECH16701/ELEC23731	_	
License #		10
Structure Owner / Contractor Signature: Date: 11/26/2024		

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.