

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: NICHOLAS MCDONALD Phone: 919-259-2821

Owner (s) Mailing Address: 320 KINGSBROOK CIR FUQUAY VARINA NC 27526

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 8200.00 Description of Work to be done _____

REPLACING UPPER 2 TON SPLIT HEAT PUMP SYSTEM IN KNEE WALL

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 16701/L.23731-04, 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 (dba) 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 #

Structure Owner / Contractor Signature:  Date: 12/5/2024

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**