

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: ELLA MCLEAN Phone: 910-705-0212

Owner (s) Mailing Address: 876 RED HILL CHURCH RD DUNN 28334

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 876 RED HILL CHURCH RD DUNN 28344

PIN # _____ Parcel # _____

Job Cost: \$12,000.00 Description of Work to be done REPLACING WHOLE HOUSE 4 TON HEAT PUMP
LOCATED IN CLOSET

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 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

Contractor's Company Name

641 S. NEW HOPE RD RALEIGH NC 27610

Address

MECH16701/ELECL.23731-04

License #

919-287-6480

Telephone

8876INSPECTIONS@ARS.COM

Email Address

Structure Owner / Contractor Signature: Matthew Austin Date: 5/2/2025

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**