Application #	
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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: DOMINIC & ELIZ	ABETH PARSONPhone: 910-813-6634
Owner (s) Mailing Address: 439 ANGEL C	AK DR BUNNLEVEL NC 28323
Land Owner Name (s):	Phone: OAK DR BUNNLEVEL NC 28323
Construction or Site Address: 439 ANGEL	OAK DR BUNNLEVEL NC 28323
	Parcel #
Job Cost: \$18,436.00 Description of V	Vork to be done REPLACING WHOLE HOUSE 4 TON SPLIT HEAT
PUMP SYSTEM / LOCATED IN SCOTTLE F	NOLE
Mechanical: New Unit With Ductwork	New Unit Without Ductwork 👱 Gas Piping Other
Electrical*: 200 Amp <200 Amp _ * For Progress Energy cu	Service Change Service Reconnect Other 👱
Plumbing: Water/Sewer Tap	Number of Baths Water Heater
Specific Directions to Job from Lillington	:
	•
Cult divisions	Lot #:
Subdivision	Ευίπ
I ARS will provi	de the MECHANICAL/ELECTRICAL labor on this structure.
(Contractors Name)	de the MECHANICAL/ELECTRICAL labor on this structure. (Trade)
I am the building owner or my NC state	icense number is 16701/L.23731-04, which entitles me to
	re legally. All work shall comply with the State Building Code and all
other applicable State and local laws, or	
AMERICAN RESIDENTIAL SERVICES LLC	919-287-6480
Contractor's Company Name	Telephone
641 S. NEW HOPE RD RALEIGH NC 27610	8876INSPECTIONS@ARS.COM
Address	Email Address
MECH16701/ELEC.23731	
License #	2 1
Structure Owner / Contractor Signature:	Date: 7/22/2025
By signing this application you affirm the	at you have obtained permission from the above listed license holder to g the work as owner you understand that you cannot rent, lease or sell

*Company name, address, & phone must match information on license

the listed property for 12 months after completion of the listed work.