

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: Debra Obrien Phone: 720-415-2659

Owner (s) Mailing Address: 108 TOWN LN BUNNLEVEL NC 28323

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 14657.00 Description of Work to be done _____

REPLACING WHOLE HOUSE 3 TON MOIBLE HOME HEAT PUMP SYSTEM 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 MECHHANICAL/ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is L.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

Contractor's Company Name

641 S NEW HOPE RD RALEIGH NC 27610

Address

MECH16701/ELEC23731

License #

919-861-0883

Telephone

8876INSPECTIONS@ARS.COM

Email Address

Structure Owner / Contractor Signature: ANGELA COVINGTON Date: 7/31/2025

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**