

Application # M RES 1908-0042

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: MITCHELL BOOKER Phone: 919-621-2802

Owner (s) Mailing Address: 11 BERGESON CT FUQUAY VARINA 27526

Land Owner Name (s): MITCHELL BOOKER Phone: 919-621-2802

Construction or Site Address: 11 BERGESON CT FUQUAY VARINA, NC 27526

PIN # _____ Parcel # _____

Job Cost: 7061 Description of Work to be done REPLACING 2ND FLOOR HEAT PUMP 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:

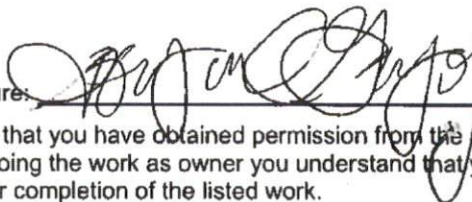
Subdivision: _____ Lot #: _____

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 23253 / 28807-L, 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.

ARS
Contractor's Company Name
517 PYLON DR RALEIGH, NC 27606
Address
23253 / 28807-L
License # _____

919-861-0883
Telephone
ATGREGORY@ARS.COM
Email Address

Structure Owner / Contractor Signature:  Date: 8/14/18

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**



MECHANICAL RESIDENTIAL

910-893-7525

www.harnett.org

PERMIT NUMBER

MRES1808-0042

JOB ADDRESS: 11 BERGESON CT	PERMIT SUBTYPE: UP TO 2 UNIT REPLACEMENT INCLUDES ELECTRICAL	PARCEL NO: 0663-14-2616.000
DESCRIPTION: Replce 2nd floor ht pump in closet	DATE ISSUED:	DATE EXPIRED:
PLAN NAME:	ZONING DISTRICT: RA-30 - 0.65 acres (100.0%)	

APPLICANT: ARS AMERICAN RESIDENTIAL SERVI CES LLC DBA ARS 517 PYLON DR RALEIGH, NC 27606	PHONE: (919)861-0883 EMAIL: JTOLLEFESEN@ARS.COM
CONTRACTOR: ARS AMERICAN RESIDENTIAL SERVI CES LLC DBA ARS 517 PYLON DR RALEIGH, NC 27606	PHONE: (919)861-0883 EMAIL: JTOLLEFESEN@ARS.COM
OWNER: BOOKER MITCHELL G 11 BERGESON CT FUQUAY-VARINA, NC 27526 FUQUAY-VARINA, NC 27526-0000	PHONE: EMAIL:

REQUIRED INSPECTIONS

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
FINAL**			

Development Services
108 E. Front St
Lillington, NC 27546
910-893-7525

CC SALE

MID: xxx9684
TID: xxxxx2853
Ref #: 204325136
Batch #: 1038518
Date/Time: 08/23/18 03:34:39 PM
Inv/Tkt #: 180823153419586
Appr Code: 098373
MasterCard
5xxxxxxxxxxxx8965
Keyed

Amount USD\$ 90.00

Approved

Mode: Card

CUSTOMER COPY