

Application # MRES1904-0022

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.hamatt.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Josh Sturtz Phone: 910-797-1695
Owner (s) Mailing Address: 50 William Bethune Ct.

Land Owner Name (s): _____ Phone: _____
Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done: Replacing both Condenser units.

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:
Will Lucas Rt on Carolina Oaks Rt on William Bethune Ct
Subdivision: _____ Lot #: _____

Arnold Service Co will provide the HVAC/Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 22474/30859-U, 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.

Arnold Service Co
Contractor's Company Name
820 Person St.
Address
22474/30859-U
License #

910-425-3350
Telephone
Patrick@Ascheatandair.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 4/12/19

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