Application # MRESIGOTO

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:	EDWARD & DONNA ST JULIAN	Phone: ⁹¹⁹⁻⁸⁴²⁻¹⁰⁸⁶
Owner (s) Mailing Addre		
	SANFORD, NC 27332	
Land Owner Name (s):	EDWARD & DONNA ST JULIAN	Phone: 919-842-1086
Construction or Site Add	ress: 202 DEER VIEW, SANFORD, NC 273	332
Job Cost: \$8,323.00	Description of Work to be done REPLAC	E MORTEX COIL/ SPLIT HEAT PUMP
SYSTEM IN MOBILE HON	1E	
Mechanical: New Unit	With Ductwork New Unit Without D	Ouctwork ✓ Gas Piping Other
Electrical*: 200 Amp	<200 Amp Service Change	Service Reconnect Other
* For Prog	gress Energy customers we need the pre	emise number
Plumbing: Water/S	ewer Tap Number of Baths	Water Heater
CiG-Ditit	6. 6 1:00:	
Specific Directions to Jo	5 from Lillington:	
	~*	
Subdivision:		Lot #:
I ARS	will provide theMECHANICAL /	ELECTRICAL labor on this structure.
I ARS will provide theMECHANICA (Contractors Name)		
I am the building owner	or my NC state license number is 2325	3 / 28807-L , which entitles me to
perform such work on th	e above structure legally. All work shall	comply with the State Building Code and all
other applicable State as	nd local laws, ordinances and regulation	as.
ARS		919-861-0883
Contractor's Company Name		Telephone
517 PYLON DR, RALEIGH, NC 27606		GWORMSLEY@ARS.COM
Address		Email Address
23253 / 28807-L		
License #		
Structure Owner / Contr	actor Signature: <u>Aus M</u>	Date: 4/22/19
purchase permits on the	on you affirm that you have obtained per ir behalf. If doing the work as owner you months after completion of the listed w	rmission from the above listed license holder u understand that you cannot rent, lease or s ork.

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