Application # MRES1904-0043

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:	THOMAS BIBBO	_Phone: 910-916-1386
Owner (s) Mailing Addre	ss:_110 TYLERSTONE DR	
o managarana	FUQUAY VARINA, NC 27526	
Land Owner Name (s):	THOMAS BIBBO	Phone: 910-916-1386
Construction or Site Add	ress: 110 TYLERSTONE DR, FUQUAY VARINA	A, NC 27526
	Parcel #	
Job Cost: \$7,500.00	Description of Work to be done_REPLACE SP	PLIT HEAT PUMP SYSTEM IN CRAWL
Mechanical: New Unit	With Ductwork New Unit Without Ductw	ork Gas Piping Other
	<200 Amp Service Change Ser gress Energy customers we need the premise	
Plumbing: Water/S	Sewer Tap Number of Baths	Water Heater
Specific Directions to Jo	b from Lillington:	
Subdivision:	Lot	#:
I ARS will provide theMECHANICAL / ELECTRICAL labor on this structure. (Contractors Name)		
I am the building owner or my NC state license number is 23253 / 28807-L , which entitles me to		
perform such work on th	e above structure legally. All work shall com	ply with the State Building Code and all
other applicable State a	nd local laws, ordinances and regulations.	
ARS		919-861-0883
Contractor's Company N	Name	Telephone
517 PYLON DR, RALEIG	SH, NC 27606	GWORMSLEY@ARS.COM
Address		Email Address
23253 / 28807-L	- //	
License #	1	7
Structure Owner / Contr	actor Signature:	Date: 4/22/19
By signing this application	on you affirm that you have obtained permise	ion from the above listed license holder to

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

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