Application # MRES 1905 - COY 1

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:	DOROTHY L JAHN	Phone: 9196566635
Owner (s) Mailing Addre	ess: 416 KINGSBROOK CIR FUQUAY VA	RINA NC 27526
Land Owner Name (s):	DOROTHY L JAHN	Phone: 9196566635
Construction or Site Add	dress: 416 KINGSBROOK CIR FUQUAY	/ARINA NC 27526
Job Cost: 8115.00	Description of Work to be done REPLA	ACE LOWER HEAT PUMP SYSTEM
Mechanical: New Unit	With Ductwork New Unit Without	t Ductwork 🗸 Gas Piping Other
	<200 Amp Service Change _ gress Energy customers we need the	Service Reconnect Other premise number
Plumbing: Water/S	Sewer Tap Number of Baths _	Water Heater
Specific Directions to Jo	h from Lillington:	
Specific Directions to 30	B from Ellington.	
Subdivision:		Lot #:
IARS	will provide the MECHANICAL/	(Trade) labor on this structure.
(Contractors N	ame)	(Trade)
I am the building owner	or my NC state license number is 232	53 / 28807-L , which entitles me to
perform such work on th	ne above structure legally. All work sh	all comply with the State Building Code and al
other applicable State a	nd local laws, ordinances and regulati	ons.
AMERICAN RESIDENTIAL SERVICES LLC dba ARS		9198610883
Contractor's Company Name		Telephone
517 PYLON DR RALEIGH NC 27606		ACREDLE@ARS.COM
Address		Email Address
23253 / 28807-L	- ,	
License #		_
Structure Owner / Contr	actor Signature: Apy Cull	Date: 5/16/19
By signing this applicati	on you affirm that you have obtained p	permission from the above listed license holder you understand that you cannot rent, lease or s

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

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