

Application # MRES1906-0002

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: ROGER LINVILLE Phone: 9103661525

Owner (s) Mailing Address: 337 ADVANCE DR LILLINGTON NC 27546

Land Owner Name (s): ROGER LINVILLE Phone: 9103661525

Construction or Site Address: 337 ADVANCE DR LILLINGTON NC 27546

PIN # _____ Parcel # _____

Job Cost: 9770.00 Description of Work to be done REPLACE WHOLE HOUSE SPLIT HEAT PUMP SYSTEM

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.

AMERICAN RESIDENTAL SERVICES dba ARS

9198610883

Contractor's Company Name

Telephone

517 PYLON DR RALEIGH NC 27606

ACREDLE@ARS.COM

Address

Email Address

23253 / 28807
License #

Structure Owner / Contractor Signature: Abby Credle Date: 5/29/19

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**