

Application # MRFS1907-0017

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: SAMUEL L LAHR Phone: 9106275263

Owner (s) Mailing Address: 466 ROBESON ST, SPRING LAKE NC 28390

Land Owner Name (s): SAMUEL LAHR Phone: 9106275263

Construction or Site Address: 466 ROBESON ST, SPRING LAKE NC 28390

PIN # _____ Parcel # _____

Job Cost: 4513.00 Description of Work to be done REPLACE UPPER MINI SPLIT

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 RESIDENTIAL SERVICES LLC dba ARS
Contractor's Company Name
517 PYLON DR RALEIGH NC 27606
Address
23253 / 28807-L
License # _____

9198610883
Telephone
ACREDLE@ARS.COM
Email Address

Structure Owner / Contractor Signature: *Frank Cudde* Date: 7/8/19

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**