

Application # RES1907-0037

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: Leanne Rayes Phone: 910-964-4699

Owner (s) Mailing Address: 280 Skipping Water Dr.

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel #: _____

Job Cost: _____ Description of Work to be done: Split system change out in Attic with electrical reconnect

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:

In Anderson Creek

Subdivision: _____ Lot #: _____

I Arnold Service Co will provide the HVAC/Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is: 22474/30859, 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.

Arnold Service Co.
Contractor's Company Name

910-964-4699
Telephone

280 Skipping Water Dr.
Address

Patrick@asehvacandair.com
Email Address

22474 H-1, H-2, H-3 / 30859-U
License #

Structure Owner / Contractor Signature: [Signature] Date: 7-17-19

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