Application # MRES 1908 -0009

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 Structur	e: KATHERINE ROYSTER	Phone: 9196393223
Owner (s) Mailing Ad	dress: 225 ROYSTER LN, ANGIER NC 275	
Land Owner Name (s): _KATHERINE ROYSTER	Phone: 9196393223
Construction or Site	Address: 225 ROYSTER LN	
	_	
Job Cost: 7513.00 Description of Work to be done REPLACE RIGHT SIDE SPLIT HEAT PUMP IN		
THE CRAWL SPACE		
Mechanical: New L	nit With Ductwork New Unit Withou	t Ductwork ✓ Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number		
Plumbing: Wate	er/Sewer Tap Number of Baths _	Water Heater
Specific Directions to		
0.1.1.1.1		
Subdivision:		Lot #:
ARS	MECHANICAL	FLECTRICAL
(Contractors Name) will provide the MECHANICAL / ELECTRICAL labor on this structure.		
I am the building owner or my NC state license number is 23253 / 28807-L , which entitles me to		
		all comply with the State Building Code and all
	e and local laws, ordinances and regulation	N N N
other applicable State	e and local laws, ordinances and regulation	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 #		
		Date: 8/9/19
By signing this applica	ation you affirm that you have obtained p	ermission from the above listed license holder to
purchase permits on	their behalf. If doing the work as owner you 12 months after completion of the listed	ou understand that you cannot rent, lease or sell

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