

Application # _____

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: JOEL MURPHY Phone: 4019528677
Owner (s) Mailing Address: 566 RUTH CIR FUQUAY VARINA NC 27526

Land Owner Name (s): JOEL MURPHY Phone: 4019528677
Construction or Site Address: 566 RUTH CIR FUQUAY VARINA NC 27526

PIN # _____ Parcel # _____

Job Cost: 9271.00 Description of Work to be done REPLACE LOWER HEAT PUMP SYSTEM IN THE CRAWL SPACE

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: *Asky Credle* Date: 9/11/19

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**