Application #\_ MIRES 1910 - 0006

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:		Prione:
Owner (s) Mailing Addre	ess: 98 ATKINS FERRY CT LILLINGT	ON NC 27546
Land Owner Name (s):	TRUDY HAMILTON	Phone: 9108901841
	dress: 98 ATKINS FERRY CT LILLING	
Job Cost: 7087.00 Description of Work to be done.  Beplace upper split Heat Pump in scuttle hole		
	Replace upper split Hea	+ Pump in scuttle hole
Mechanical: New Unit	With Ductwork New Unit With	nout 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 Jo	b from Lillington	
Specific Directions to dop from Emiligran.		
Subdivision:		Lot #:
. APS	MECHANIC	AL /ELECTRICAL
ARS will provide the MECHANICAL / ELECTRICAL labor on this structure.  (Contractors Name)		
I am the building owner or my NC state license number is 23253 / 28807-L, which entitles me to		
		shall comply with the State Building Code and all
	nd local laws, ordinances and regu	311 N N N N N N N N N N N N N N N N N N
other applicable state a	nd local laws, ordinances and regu	iations.
AMERICAN RESIDENTIAL SERVICES LLC dba ARS		9198820649
Contractor's Company Name		Telephone
517 PYLON DR RALEIGH NC 27606		8876inspections@ars.com
Address 23253 / 28807-L		Email Address
License #	-	
	/	
Structure Owner / Contractor Signature: Asky Culle		Date:Date:
By signing this application	on you affirm that you have obtaine	d permission from the above listed license holder to er you understand that you cannot rent, lease or sell

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

the listed property for 12 months after completion of the listed work.