Application # MRES 2001 - 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 Structure: MATTHEW & LYNN AN	IN KARAS	Phone: 919-616-1727
Owner (s) Mailing Address: 1415 ATKINS RD F		
Land Owner Name (s): MATTHEW & LYNN AN Construction or Site Address: 1415 ATKINS RD	IN KARAS	Phone: 919-616-1727
	Parcel # 04066	
Job Cost: 7575.00 Description of Work to SYSTEM IN CRALSPACE	o be done REPLAC	ING WHOLE HOUSE HEAT PUMP
Mechanical: New Unit With Ductwork N	lew Unit Without D	uctwork <u> </u>
Electrical*: 200 Amp <200 Amp S * For Progress Energy custome		Service Reconnect Other <u>✓</u>
Plumbing: Water/Sewer Tap No	umber of Baths	Water Heater
Specific Directions to Job from Lillington:		
Subdivision:		Lot #:
(Contractors Name) will provide the		
I am the building owner or my NC state licens		
perform such work on the above structure leg		\$50.000 miles
other applicable State and local laws, ordinan	ces and regulation	S.
ARS		919-861-0883
Contractor's Company Name		Telephone
517 PYLON DRIVE RALEIGH NC 27606		8876INSPECTIONS@ARS.COM
Address		Email Address
28807/23253 License #	Ato)	
Structure Owner / Contractor Signature:	The state of the s	Date: 1/7/2020
By signing this application you affirm that you	••	

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