Application # MRESQUI

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:	SABOORA & ANN MAIRE SAHAIRE	Phone: 919-343-2212
Owner (s) Mailing Addre	ess: 229 PINWINDS DR SANFORD NC 27332	
		Phone: 919-343-2212
Construction or Site Add	dress: 229 PINWINDS DR SANFORD NC 273	32
PIN # 9585-56-6903.000		
Job Cost: 8644.00	_Description of Work to be done_REPLACE	LOWER HEAT PUMP SYSTEM
IN CRAVE SPACE		
Mechanical: New Unit	With Ductwork New Unit Without Du	ctwork <u> </u>
Electrical*: 200 Amp * For Pro	<200 Amp Service Change gress Energy customers we need the prer	Service Reconnect Other nise number
Plumbing: Water/S	Sewer Tap Number of Baths	Water Heater
Specific Directions to Jo	bb from Lillington:	
Subdivision: CAROLINA	LKS BLK	_ot #: _LT#52
ARS	will provide the MECHANICAL/ELEC	CTRICAL labor on this structure
(Contractors Name) (Trade)		
I am the building owner	or my NC state license number is 23253/	28807 , which entitles me to
	ne above structure legally. All work shall c	
other applicable State a	nd local laws, ordinances and regulations.	
AMERICAN RESIDENITA	IL SERVICES LLC	919-861-0883
Contractor's Company Name		Telephone
517 PYLON DRIVE RALEIGH NC 27606		8876INPSECTIONS@ARS.COM
Address		Email Address
23253/28807		
License #	AT	
Structure Owner / Contr	actor Signature:	Date: 1/31/2020
By signing this application	on you affirm that you have obtained perm	ission from the above listed license holder

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