



CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☒ Non-Residential ☐

SITE ADDRESS: 358 MONTANA LANE SPRING LAKE NC 28390 PIN: _____

LANDOWNER: PATRICK & CHELSEA KOLSTEE Mailing Address: 358 MONTANA LANE

City: SPRING LAKE State: NC Zip: 28390 Phone: 910-644-7277 Email: patrickrkolstee@icloud.com

JOB COST (required): 15695.00

DESCRIPTION OF WORK: REPLACING WHOLE HOUSE 3 TON SPILT HEAT PUMP SYSTEM IN SCUTTLE HOLE

Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwork ☒ Gas Piping ☐ Other _____

Electrical: 200 Amp ☐ Greater than 200 Amp ☐ Service Change ☐ Service Reconnect ☐ Other ☒

Plumbing: Water Tap/Sewer Connection ☐ Water Heater ☐ Number of Fixtures _____ Other _____

CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

AMERICAN RESIENTIAL SERVICES LLC (dba) ARS

919-861-0883

Contractor's Company Name

Phone

641 S NEW HOPE RD RALEIGH NC 27610

8876inspections@ars.com

Address

Email

L.16701L/L.23731-04

License #

Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:

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License #

I am the building owner or NC state licensed contractor, which legally entitles me to perform such work on the above structure. I attest that all work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. **By signing this application, I affirm that I have obtained permission from the above listed license holder to purchase permits on their behalf.** If doing the work as owner, I understand that I cannot rent, lease, or sell the listed property for 12 months after completion of the listed work.

ANGELA COVINGTON
Signature of Owner/Contractor

8/4/2025

Date