



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: 434 AVERY POND DR FUQUAY VARINA NC 27526 PIN: _____

LANDOWNER: CAMERON URQUHART Mailing Address: 434 AVERY POND DR

City: FUQUAY VARINA State: NC Zip: 27526 Phone: 909-74-4950 Email: cameronsturquhart@gmail.com

JOB COST (required): 18200.00

DESCRIPTION OF WORK: REPLACING WHLE HOUSE SPLIT HEAT PUMP SYSTEM IN ATTIC

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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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

8/8/2026
Date