

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☒ Non-Residential ☐

SITE ADDRESS: 248 SKIPPING WATER DR SPRING LAKE NC 28390 **PIN:** _____

LANDOWNER: JASMYNE KING Mailing Address: 248 SKIPPING WATER DR

City: SPRING LAKE State: NC Zip: 28390 Phone: 210-992-1157 Email: jasmariah21@gmail.com

JOB COST (required): 18514.00

DESCRIPTION OF WORK: REPLACING LOWER 4 TON SPLIT HEAT PUMP SYSTEM IN CRAWL SPACE

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

Contractor's Company Name

641 S NEW HOPE RD RALEIGH NC 27610

Address

L.16701L/L.23731-04

License #

919-861-0883

Phone

8876inspections@ars.com

Email

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

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Contractor's Company Name

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Address

L.16701L/L.23731-04

License #

919-861-0883

Phone

8876inspections@ars.com

Email

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

8/11/2025

Date