

## INDIVIDUAL TRADE APPLICATION

**CONSTRUCTION TYPE:** Residential ☒ Non-Residential ☐

**SITE ADDRESS:** 48 ADVANCE DR LILLINGTON NC 27546 **PIN:** \_\_\_\_\_

**LANDOWNER:** BILL OSBORNE Mailing Address: 48 ADVANCE DR

City: LILLINGTON State: NC Zip: 27547 Phone: 502-419-2497 Email: Bosborne0907@yahoo.com

**JOB COST (required):** 16000.00

**DESCRIPTION OF WORK:** REPLACING LOWER 2.5 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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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

8/28/2025

Date