

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-Residentia	
SITE ADDRESS: 230 WORD CHURCH LN LILLINGTON NC 27	⁷⁵⁴⁶ PIN:
LANDOWNER: DAVID HOPSON Mailing Add	dress: 230 WORD CHURCH LN
City: LILLINGTON State: NC Zip: 27546 Phone: 910-520-2	2192 Email: davidhopson2002@yahoo.com
JOB COST (required): 15723.00	
DESCRIPTION OF WORK: REPLACING 3 TON MOBILE HOME	HEAT PUMP SYSTEM IN CLOSET
Mechanical: New Unit With Ductwork □ New Unit Without Duct	work♥ Gas Piping □ Other
Electrical: 200 Amp ☐ Greater than 200 Amp ☐ Service Ch	nange □ Service Reconnect □ Other
Plumbing: Water Tap/Sewer Connection ☐ Water Heater ☐	Number of Fixtures Other
CONTRACTOR INFO	OPMATION
* Must be owner or licensed contractor. Address, company n	
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.16701 License #	
Election #	
Mechanical change outs & generator applications require both e	lectrical & mechanical information. If applicable:
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 L.23731-04	Email
License #	
I am the building owner or NC state licensed contractor, which legally I attest that all work shall comply with the State Building Code and	l all other applicable State and local laws, ordinances and
regulations. By signing this application, I affirm that I have obtain purchase permits on their behalf. If doing the work as owner, I under the purchase permits on their behalf.	
for 12 months after completion of the listed work.	acroand that I cannot form, rease, or sen the listed propert
ANGCLA COVANGTON Signature of Owner/Contractor	9/8/2025
Signature 🛭 Owner/Contractor	Date