

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☒ Non-Residential ☐

SITE ADDRESS: 306 PINEVALLYE LN SANFORD NC 27332 **PIN:** _____

LANDOWNER: ROGER FARINA Mailing Address: 306 PINE VALLEY LN

City: SANFORD State: NC Zip: 27332 Phone: 910-964-5995 Email: Therara@yahoo.com

JOB COST (required): 28551.00

DESCRIPTION OF WORK: REPLACING UPPER & LOWER SPLIT HEAT PUMP SYSTEM IN SCUTTLE HOLE & CRAWL

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.16701

License #

919-861-0883

Phone

8876inspections@ars.com

Email

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

641 S NEW HOPE RD RALEIGH NC 27610

Contractor's Company Name

641 S NEW HOPE RD RALEIGH NC 27610

Address

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

9/12/2025

Date