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: 69 QUATREFOIL CT CAMERON NC 28326 **PIN**: _____

LANDOWNER: MISTY SAALMANN Mailing Address: 69 QUATREFOIL CT

City: CAMERON State: NC Zip: 28326 Phone: 912-604-4270 Email: Mistysaalmann@gmail.com

JOB COST (required): 15911.00

DESCRIPTION OF WORK: REPLACING WHOLE HOUSE 3 TON 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
Contractor's Company Name

919-861-0883
Phone

641 S NEW HOPE RD RALEIGH NC 27610
Address

8876inspections@ars.com
Email

L.16701
License #

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

641 S NEW HOPE RD RALEIGH NC 27610
Contractor's Company Name

919-861-0883
Phone

641 S NEW HOPE RD RALEIGH NC 27610
Address

8876inspections@ars.com
Email

L.23731-04
License #

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 B COVINGTON
Signature of Owner/Contractor

9/18/2025
Date