

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: 55 SHLEBY ST SPRING LAKE NC 28390	PIN:
LANDOWNER: JARED TRUMAN Mailing Address	ss:55 SHELBY LN
City: SPRING LAKEState: NC Zip: 28390 Phone: 973-205-752	1 Email: trumanjared467@gmail.com
JOB COST (required): 15696.00	
DESCRIPTION OF WORK: REPLACING WHOLE HOUSE 3.5 TON SPLIT HEAT PUMP SYSTEM IN CRAWL	
Mechanical: New Unit With Ductwork □ New Unit Without Ductwor	k ☐ Gas Piping ☐ Other
Electrical: 200 Amp \square Greater than 200 Amp \square Service Change	ge □ 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	
AMERICAN RESIDENTIAL SERVICES LLC (DBA) ARS Contractor's Company Name	919-861-0883 Phone
641 S NEW HOPE RD RALEIGH NC 27610	8876inspections@ars.com
Address	Email
L.16701	
License #	
Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:	
AMERICAN RESIDENTIAL 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 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 an	
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.	

9/29/2025 Date

ANGCIA B COVANGTON
Signature of Owner/Contractor