

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☒ Non-Residential ☐

SITE ADDRESS: 55 SHLEBY ST SPRING LAKE NC 28390 **PIN:** _____

LANDOWNER: JARED TRUMAN SHIFFLETT CONSTANCE Mailing Address: 55 SHELBY LN

City: SPRING LAKE State: NC Zip: 28390 Phone: 973-205-7521 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 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 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	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	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

9/29/2025
Date