

## INDIVIDUAL TRADE APPLICATION

**CONSTRUCTION TYPE:** Residential ☒ Non-Residential ☐

**SITE ADDRESS:** 2623 BAILEY RD COATS NC 27521 **PIN:** \_\_\_\_\_

**LANDOWNER:** JOE CHAMBERLAIN Mailing Address: 2623 BAILEY RD

City: COATS State: NC Zip: 27521 Phone: 919-609-7367 Email: Jfchamberlain@gmail.com

**JOB COST (required):** 13500.00

**DESCRIPTION OF WORK:** REPLACING WHOLE HOUSE 4 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

11/7/2025  
Date