

## 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: 170 ROBESON ST SPRING LAKE NC 28390	PIN:
LANDOWNER: ROSHEIKA WILSON Mailing Address: 170 ROBESON ST	
City: SPRING LAKE State: NC Zip? 8390 Phone: 910-850-257	
JOB COST (required): 8000.00	
DESCRIPTION OF WORK: REPLACING LOWER 2 TON SPLIT HEAT PUMP SYSTEM IN CRAWL	
Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwor	k <b>V</b> Gas Piping □ Other
Electrical: 200 Amp □ Greater than 200 Amp □ 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	& phone must match information on license.
AMERICAN RESIDENTIAL SERVICES LLC (DBA) ARS	919-861-0083
Contractor's Company Name	Phone
641 S NEW HOPE RD RALEIGH NC 27610	8876inspections@ars.com
Address L.16701	Email
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 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.	
ANGCLA B COVANGTON Signature of Owner/Contractor	11/12/2025
Signature of Owner/Contractor	Date