



CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Non-Residential

SITE ADDRESS: 162 Deer View Sanford NC 27332 PIN: 9585-05-2245.000

LANDOWNER: Matt & Michelle Clark Mailing Address: 162 Deer View

City: Sanford State: NC Zip: 27332 Phone: 757-706-0060 Email: _____

JOB COST (required): 5169.00

DESCRIPTION OF WORK: Replace electric water heater, relocate main shut off
add vent to sink drain

Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwork ☐ Gas Piping ☐ Other _____

Electrical: 200 Amp ☐ Greater than 200 Amp ☐ Service Change ☐ Service Reconnect ☐ Other Water heater

Plumbing: Water Tap/Sewer Connection ☐ Water Heater ☒ Number of Fixtures 2 Other _____

CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

ARS American Residential Services
Contractor's Company Name
641 S New Hope Raleigh 27610
Address
16701
License #

919 861 0891
Phone
8876INSPECTIONS@ars.com
Email

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

ARS American Residential Service
Contractor's Company Name
641 S New Hope Raleigh NC 27610
Address
23731-04
License #

919 861 0891
Phone
8876inspections@ars.com
Email

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.

[Signature]
Signature of Owner/Contractor

6/25/25
Date