



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: 419 ORCHARD FALLS DR PIN: _____

LANDOWNER: SETH JACKSON Mailing Address: 419 ORCHARD FALLS DR

City: SPRING LAKE State: NC Zip: 28390 Phone: 434-607-0264 Email: JACKSON_SW@YAHOO.COM

Job Cost (Required): 4794

Description of Work: C/O LIKE FOR LIKE 9K BTU MINZ SPLIT & RECONNECT

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

Electrical: 200 Amp ☐ Greater than 200 Amp ☐ Service Change ☐ Service Reconnect ☐ Other RECONNECT HVAC

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.

CAROLINA AIR HEATING & COOLING
Contractor's Company Name
3700 Hwy 15-501 CARTHAGE NC 28327
Address
34838
License #

910 947 7707
Phone
KELLY@CAROLINAAIR.COM
Email

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

CAROLINA POWER & GENERATORS
Contractor's Company Name
3700 Hwy 15-501 CARTHAGE NC 28327
Address
32340
License #

910 947 7707
Phone
KELLY@CAROLINAAIR.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

5/1/25
Date