

## INDIVIDUAL TRADE APPLICATION

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

CONSTRUCTION TYPE (circle one): Residential Non-Residential	dential
SITE ADDRESS: 71 CRYSTAL POINT	PIN: 9585-68-2215
LANDOWNER: AMANDA BIALKOWSKI Mailing Address: 153 FARMHOUSE LN	
City: Салтнав State: NC Zip: 28327 Phone: 984-364-7230 Email:	
JOB COST (required): 8852	
DESCRIPTION OF WORK: C/O LIKE FOR LIKE 2.5 TON HI	P & RECONNECT - MITIC
Mechanical: New Unit With Ductwork □ New Unit Without Ductwo	ork ☑ Gas Piping □ Other
Electrical: 200 Amp □ Greater than 200 Amp □ Service Char	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	e & phone must match information on license.
CAROLINA AIR HEATING ! COOLING	910 947 7707
Contractor's Company Name	Phone
3TOO HWY 15-501 CARTHAGE NC 28327 Address	KELLY @ CAROLINAAIR. COM Email
34838 License#	
Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:	
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CAROLINA POWER & GENERATORS	910 947 7707 Phone
Contractor's Company Name	
3700 Hwy 15-501 CARTHAGE NC 28327 Address	KELLY @ CARO LINAAIR, com Email
	Ciliali
3234 <sub>0</sub> License #	
I am the building owner or NC state licensed contractor, which legally end attest that all work shall comply with the State Building Code and a regulations. By signing this application, I affirm that I have obtained	Il other applicable State and local laws, ordinances and
purchase permits on their behalf. If doing the work as owner, I unde for 12 months after completion of the listed work.	
5 AC	5/19/25 Date
Signature of Owner/Contractor	Date /