



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: 324 SNEED LANE FUQUAY VARINA NC 27526 PIN: _____

LANDOWNER: LOUIS MARGIE UTLEY Mailing Address: 324 SNEED LANE

City: FUQUAY VARINA NC State: _____ Zip: 27526 Phone: 919-219-8084 Email: retroteam@carolinacomfortair.com

JOB COST (required): 11500

DESCRIPTION OF WORK: ADD ADDITIONAL SCOPE OF WORK TO PERMIT NUMBER EMRES2506-00038

Mechanical: New Unit With Ductwork ☒ New Unit Without Ductwork ☐ Gas Piping ☐ Other 1300 SQ FT
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.

CAROLINA COMFORT AIR INC
Contractor's Company Name
5212 US HWY 70 BUS W CLAYTON NC 27520
Address
31589
License # _____

919-550-7711
Phone
retroteam@carolinacomfortair.com
Email

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

Contractor's Company Name

Address

License # _____

Phone

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.

Golanda Owens
Signature of Owner/Contractor

07/07/2025
Date