

## 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-Re	sidential
SITE ADDRESS: 324 SNEED LANE	PIN:
LANDOWNER: LOUIS MARGIE UTLEY Mailing Add	iress: 324 SNEED LANE
FUQUAY VARINA City: NC Zip: 27526 Phone: 919-219-80	284 Email: retroteam@carolinacomfortair.com
JOB COST (required): 11500	EDLAGE EVICTING OVOTEM OTON UP DAGIC
DESCRIPTION OF WORK: WHOLE HOUSE, OUTSIDE, CHANG	EPLACE EXISTING SYSTEM. 2TON HP PACK E BREAKER SIZE, RECONNECT ELECTRICAL
Mechanical: New Unit With Ductwork □ New Unit Without Duct	work <b>√</b> Gas Piping □ Other
Electrical: 200 Amp√ Greater than 200 Amp ☐ Service Ch	ange □ Service Reconnect Other
Plumbing: Water Tap/Sewer Connection ☐ Water Heater ☐	Number of Fixtures Other
CONTRACTOR INFORMATION	
* Must be owner or licensed contractor. Address, company na	ame & phone must match information on license.
CAROLINA COMFORT AIR INC	919-550-7711
Contractor's Company Name	Phone
5212 US HWY 70 BUS W CLAYTON NC 27520	retroteam@carolinacomfortair.com
Address 23988-L (ELECTRICAL) License #	Email
Mechanical change outs & generator applications require both e	lectrical & mechanical information. If applicable:
CAROLINA COMFORT AIR INC	919-550-7711
Contractor's Company Name	Phone
5212 US HWY 70 BUS W CLAYTON NC 27520	retroteam@carolinacomfortair.com
Address 31589	Email
License #	
I am the building owner or NC state licensed contractor, which legally I attest that all work shall comply with the State Building Code and regulations. By signing this application, I affirm that I have obtain purchase permits on their behalf. If doing the work as owner, I und for 12 months after completion of the listed work.	all other applicable State and local laws, ordinances an ned permission from the above listed license holder to
Golanda Owens Signature of Owner/Contractor	06/28/2025
Signature of Owner/Contractor	Date