



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: 194 BURREL WILSON DR PIN: _____

LANDOWNER: ERIC CRADREE Mailing Address: 194 BURREL WILSON DR

City: BROADWAY State: NC Zip: 27505 Phone: 910-988-7126 Email: _____

JOB COST (required): \$12,990

DESCRIPTION OF WORK: C/O LIKE FOR LIKE 2TON HP / RECONNECT - ATTIC

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

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 AIR HEATING & COOLING
Contractor's Company Name
3700 Hwy 15-501 CARTHAGE NC 28127
Address
~~32340~~ 34898
License #

910-947-7707
Phone
KELLY@CAROLINAAR.COM
Email

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

CAROLINA POWER & GENERATOR
Contractor's Company Name
3700 Hwy 15-501 CARTHAGE NC 28127
Address
32340
License #

910-947-7707
Phone
KELLY@CAROLINAAR.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 of Owner/Contractor

7/25/25
Date