

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: ALEXANDER RICCARDI		Date 07/28/2025
Site Address: 419 EILEEN DRIVE SPRING LAKE NC 28390	Phone	484-709-0113
Subdivision:	Lot	
Description of Proposed Work: HVAC CHANGE OUT, REMOVE & REPLACE EXISTING SYSTEM 3TON HP SPLIT DUCT MODS-LINDO RETIFIED FLEX & NEW RETURN, RECONNECT ELECTRICAL General Contractor Information	^{IG} _{JRN} Total Job Cost _ <u>n</u>	13500
Building Contractor's Company Name	Telephone	
Address	Email Address	
HEATED SQ FT GARAGE S	Q FT	
License #		
<u>Electrical Contractor Information</u> Description of Work <u>RECONNECT ELECTRICAL FROM CHANGE OUT</u> Service Size:		ole: Ves No
CAROLINA COMFORT AIR INC	919-550-7711	
Electrical Contractor's Company Name	Telephone	
5212 US HWY 70 BUS W CLAYTON NC 27520	retroteam@carolinacomfortair.com	
Address	Email Address	
23988-L		
License #		
Mechanical/HVAC Contractor Inform HVAC CHANGE OUT. REMOVE & REPLACE EXISTING SYS	nation TEM. 3 TON HP SPLIT	
Description of Work <u>DUCT MODS-UNDO RETURN FLEX & NEW RETURN</u>		
HVAC CHANGE OUT, REMOVE & REPLACE EXISTING SYS Description of Work DUCT MODS-UNDO RETURN FLEX & NEW RETURN CAROLINA COMFORT AIR INC		
Description of Work DUCT MODS-UNDO RETURN FLEX & NEW RETURN CAROLINA COMFORT AIR INC Mechanical Contractor's Company Name	919-550-7711 Telephone	
CAROLINA COMFORT AIR INC	919-550-7711 Telephone	 olinacomfortair.com
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CAROLINA COMFORT AIR INC Mechanical Contractor's Company Name 5212 US HWY 70 BUS W CLAYTON NC 27520	919-550-7711 Telephone retroteam@card	<u>olinacomforta</u> ir.com
CAROLINA COMFORT AIR INC Mechanical Contractor's Company Name 5212 US HWY 70 BUS W CLAYTON NC 27520 Address 31589 License #	919-550-7711 Telephone retroteam@card Email Address	olinacomfortair.com
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CAROLINA COMFORT AIR INC Mechanical Contractor's Company Name 5212 US HWY 70 BUS W CLAYTON NC 27520 Address 31589 License # Plumbing Contractor Information	919-550-7711 Telephone retroteam@card Email Address	
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Mechanical Contractor's Company Name 5212 US HWY 70 BUS W CLAYTON NC 27520 Address 31589 License # Plumbing Contractor Information Description of Work	919-550-7711 Telephone retroteam@card Email Address on # Baths	
Mechanical Contractor's Company Name 5212 US HWY 70 BUS W CLAYTON NC 27520 Address 31589 License # Plumbing Contractor Information Plumbing Contractor's Company Name Address License #	919-550-7711 Telephone retroteam@carc Email Address on# Baths Telephone Email Address	olinacomfortair.com
CAROLINA COMFORT AIR INC Mechanical Contractor's Company Name 5212 US HWY 70 BUS W CLAYTON NC 27520 Address 31589 License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address	919-550-7711 Telephone retroteam@carc Email Address on# Baths Telephone Email Address	

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes. **EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee

is as per current fee schedule.
<u>Cfolanda Owens</u> Signature of Owner/Contractor/Officer(s) of Corporation 07/28/2025 Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor Owner X Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:
X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
Has no more than two (2) employees and no subcontractors.
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.
Sign w/Title: Golanda Owens Retail Coordinator Date: 07/28/2025