



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

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☒ Non-Residential ☐

SITE ADDRESS: 2716 Skycroft Dr Sanford NC 27332 PIN: _____

LANDOWNER: 2716 Skycroft Drive Trust Mailing Address: 2716 Skycroft Dr

City: Sanford State: NC Zip: 27332 Phone: 573-337-3117 Email: _____

JOB COST (required): \$17,770.00

DESCRIPTION OF WORK: HVAC Change out / HP split / 5 ton / Attic Access

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.

King Heating and Air
Contractor's Company Name
232 Wilson Rd Sanford NC 27332
Address
36795
License #

919-895-3600
Phone
kinghtgair1895@gmail.com
Email

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

King Heating and Air
Contractor's Company Name
232 Wilson Rd Sanford NC 27332
Address
21207
License #

919-895-3600
Phone
kinghtgair1895@gmail.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]
Signature of Owner/Contractor

07/28/25
Date

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