



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: 42 Long Dr Sanford NC 27332 PIN: _____

LANDOWNER: Deborah Cooper Mailing Address: 42 Long Dr

City: Sanford State: NC Zip: 27332 Phone: 919-356-7757 Email: _____

JOB COST (required): \$11,459.00

DESCRIPTION OF WORK: A/C Change Out / HP Split / 3 ton / Crawl

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

kinghtair1895@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

kinghtair1895@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 of Owner/Contractor

08/06/15
Date