

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: 447 COOCHMON Way Sanford NC 27332 PIN:
LANDOWNER: Karen Ray Mailing Address: 447 Coachman Way
City: Sanford State: NC Zip: 27332 Phone: 910-309-3780 Email: Kinghtyzic 1895 Egymail.com
JOB COST (required): 45,155
DESCRIPTION OF WORK: HVAC Change Out HP Split (2.5 fon (Craw)
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.
1/2 1/2 1 M2 /95-310M
Contractor's Company Name (919) 695-36000 Phone
232 17:15=0 P) 50=0 (100 27332 Vinely 100:01895 00m2) com
Contractor's Company Name 232 Wilson Rd Sanford NC 27332 Address (919) 895-3600 Phone Linghtgair 1895 egmzil.com Email
31,2795
License #
Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:
King Heating and Air Contractor's Company Name (919)895-3600 Phone
232 Wilson Rd Sanford NC 27332 Kinghtgair 1895 Egmail. com
Audiess Linair,
21201
License #
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.
2011
Signature of Owner/Contractor Date

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