



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: 101 Squire Street PIN: _____

LANDOWNER: Donna Socola Mailing Address: _____

City: Fuquay State: NC Zip: 27546 Phone: 919 260 2702 Email: _____

JOB COST (required): 21083

DESCRIPTION OF WORK: Replace 4 ton heat pump air handler in 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.

Michael and Son 919 390 1088
Contractor's Company Name Phone
4001 Atlantic Ave Raleigh NC 27604 permitsnc@michaelandson.com
Address Email
33791
License #

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

Michael and Son 919 390 1088
Contractor's Company Name Phone
4001 Atlantic Ave Raleigh NC 27604 permitsnc@michaelandson.com
Address Email
36174
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.

M. Williams
Signature of Owner/Contractor

9/10/25
Date