Harnett COUNTY NORTH CAROLINA

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

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): (Residential) Non-Residential

SITE ADDRESS: 174 SALISBURY LN **PIN:** _____

LANDOWNER: ROMAN PAVLYUK Mailing Address: 174 SALISBURY LN

City: SPRING LAKE State: NC Zip: 28390 Phone: 650-303 5875 Email: _____

JOB COST (required): $ 12,500

DESCRIPTION OF WORK: C/O LIKE FOR LIKE 3.5 TON HP + RECONNECT - 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 HVAC RECONNECT

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.

CAROLINA AIR HEATING & COOLING
Contractor's Company Name

910 947 7707
Phone

3700 HWY 15-501 CARTHAGE NC 28327
Address

KELLY@CAROLINAAIR.COM
Email

34838
License #

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

CAROLINA POWER & GENERATOR
Contractor's Company Name

SAME
Phone

SAME
Address

SAME
Email

32340
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.

Signature of Owner/Contractor

10-2-25
Date