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: 2207 THOMAS KELLY ROAD SANFORD NC 27330 **PIN**: _____

LANDOWNER: MATTHEW HARRISON Mailing Address: 2207 THOMAS KELLY ROAD

City: SANFORD State: NC Zip: 27330 Phone: 910-682-4999 Email: _____

JOB COST (required): 9500

DESCRIPTION OF WORK: DUCT WORK ONLY 1600 SQ FT

Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwork ☐ Gas Piping ☐ Other DUCT WORK ONLY

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.

CAROLINA COMFORT AIR INC — Contractor's Company Name
919-550-7711 — Phone
5212 US HWY 70 BUS W CLAYTON NC 27520 — Address
retroteam@carolinacomfortair.com — Email
23988-L — License #

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

CAROLINA COMFORT AIR INC — Contractor's Company Name
919-550-7711 — Phone
5212 US HWY 70 BUS W CLAYTON NC 27520 — Address
retroteam@carolinacomfortair.com — Email
30936 — 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.

Yolanda Owens — Signature of Owner/Contractor

_____ Date