



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: 49 Byrd Griffin Ln Broadway NC 27505 PIN: _____

LANDOWNER: Aron Storm Mailing Address: 49 Byrd Griffin Ln

City: Broadway State: NC Zip: 27505 Phone: 404-548-4411 Email: _____

JOB COST (required): 9,466

DESCRIPTION OF WORK: HVAC Change Out / 3 ton / HP Split / Mobile Home

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

kinghtgair1895@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

kinghtgair1895@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]
Signature of Owner/Contractor

11/04/25
Date

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