



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: 140 LAKEWOOD Vw PIN: 9585-76-5842, 000

LANDOWNER: ALAN GOESS Mailing Address: 140 LAKEWOOD Vw

City: SANFORD State: NC Zip: 27332 Phone: 607-765-4231 Email: ALAN.GOESS@YAHOO.COM

JOB COST (required): \$10,309

DESCRIPTION OF WORK: C/O LIKE FOR LIKE 3.5 TON HP $\frac{1}{2}$ 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 RECONNECT

Plumbing: Water Tap/Sewer Connection ☐ Water Heater ☐ Number of Fixtures _____ Other HVAC

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

3700 Hwy 15-501 CARTHAGE NC 28327
Address

34838
License #

910-947-7707
Phone

KELLY@CAROLINA-AIR.COM
Email

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

CAROLINA POWER & GENERATOR
Contractor's Company Name

SAME AS ABOVE
Address

32340
License #

SAME AS ABOVE
Phone

SAME AS ABOVE
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

11/19/25
Date