



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: 29 Afton Ct, Fuquay Varina, NC 27526 PIN: _____

LANDOWNER: Elizabeth Moss Mailing Address: 29 Afton Ct

City: Fuquay State: NC Zip: 27526 Phone: 216-926-5383 Email: ejmoss4724@gmail.com

JOB COST (required): \$12,289.00

DESCRIPTION OF WORK: Change out heat pump on the 2nd floor

Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwork ☐ Gas Piping ☐ Other change out

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.

Bowman Mechanical Rdu 919-772-2759
Contractor's Company Name Phone
145 Technical Ct, Garner, NC 27529 Katie@bowmanmechanicalservices.com
Address Email
34416
License #

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

Bowman Mechanical Rdu 919-772-2759
Contractor's Company Name Phone
145 Technical Ct, Garner NC 27529 Katie@bowmanmechanicalservices.com
Address Email
32265
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]
Signature of Owner/Contractor

5/12/25
Date

strong roots • new growth