

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: 369 Orchard Falls Dr Spring Lake PIN:
CONSTRUCTION TYPE (circle one): Residential Non-Residential SITE ADDRESS: 369 Orchard Falls Dy Spring Lake PIN: LANDOWNER: Dawn Schnary Mailing Address: 369 Orchard Falls DY
City: Spring Lave State: NC zip: 28390 Phone: 910-257-3149 Email:
JOB COST (required): \$ 11965
DESCRIPTION OF WORK: HYAC Changeord of 2.5 ton split heat pump system for upstavs including relectnical remark
Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwork ☐ Gas Piping ☐ Other
Electrical: 200 Amp ☐ Greater than 200 Amp ☐ Service Change ☐ Service Reconnect ☐ Other <u>rehoo</u> €
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.
Carpl Fear A/C & Heating Contractor's Company Name 1139 Roberton St Fuyther 1/2 NC28305 Address 3052 H2 License #
Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:
Contractor's Company Name 1139 Poreson St Fayetlewle NC 28305 Address 31418 L 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 Date