



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: 46 E. Main St. Coats NC 27521 PIN: 0690-73-8458-000
LANDOWNER: Scott Squared LLC Mailing Address: 1000 Keith Hills Rd
City: Lillington State: NC Zip: 27546 Phone: 910-658-2685 Email: melissa.scott@cambridgesecure.com
JOB COST (required): 7800.00

DESCRIPTION OF WORK: new 3 ton Heat pump Replacement

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.

Capital Property Service Group 919-795-6158
Contractor's Company Name Phone
2630 Rowland Road Ste 100 Raleigh NC Reuben@CPSG.net
Address Email
elc-28925-4 29138 mech. 27615
License #

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

Same 919-795-6158
Contractor's Company Name Phone
Address 29138 mech Reuben@CPSG.net
License # 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

6-12-2025
Date