

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: 25 Edge comb Dr Spring Laufe NC 2839 PIN:
LANDOWNER: Jerry Lotton Mailing Address: 35 Edge comb Dr
City Sorving Lake State: NC zip: 2890 Phone: 910-494-67 Email:
JOB COST (required): 58533
DESCRIPTION OF WORK: HMC Changetund of 2-5 ton solit heat pump  System for upotaurs including electrical retrook  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
* Must be owner or licensed contractor. Address, company name & phone must match information on license.
Contractor's Company Name  1139 Robeson St Fayettewle NC 28305  Address  Booso H2  License #
Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:
Contractor's Company Name  139 Robeson St Fuyettanib N 2805  Address  31418 L  License #
am the building owner or NC state licensed contractor, which legally entitles me to perform such work on the above structure. 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 burchase 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