

INDIVIDUAL TRADE APPLICATION

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

CONSTRUCTION TYPE (circle one): Residential Non-Residential	ial
SITE ADDRESS: SI Craven Ct	PIN:
LANDOWNER: Terrence Lovett Mailing Address:	
City: <u>Springlake</u> State: <u>NC</u> zip: <u>28390</u> Phone: (910) 882-6826	
JOB COST (required): 12/10 4	
DESCRIPTION OF WORK: 3.5 ton Split System h	eat pump changeout
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 □ Nu	mber of Fixtures Other
CONTRACTOR INFORMA	
*Must be owner or licensed contractor. Address, company name & p. Air Conclitioning, LLC Contractor's Company Name COZO GILLESPIEST. Address 34869 License # MECL *Must be owner or licensed contractor. Address, company name & p. Pr. Address Tayelfeuille, NC Z8306	chone must match information on license. CIO - 964 - 4203 none IRPONEATINGNE & MAIL COM
Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:	
Contractor's Company Name 620 Tailles ple St	mail Air proheating NC agmail com
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	
- Grand of the delication	Date