



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: 721 Highgrove

PIN: _____

LANDOWNER: John & Tuesday Halo

Mailing Address: 721 Highgrove Dr.

City: Spring Lake State: NC Zip: 28390 Phone: 240-476-3400

Email: _____

JOB COST (required):

\$13,430

DESCRIPTION OF WORK:

Replace HVAC Unit 17 SEER 5.0 TON Split Heat Pump

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.

Scott Service Company

Contractor's Company Name

1621 McArthur Rd. Fayetteville, NC 28311

Address

31436

License #

910-309-2270

Phone

ScottServiceCo@hotmail.com

Email

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

Turner's Electric of Hope Mills

Contractor's Company Name

411 Palmerland Drive

Address

53621

License #

910-624-3379

Phone

bturner1225@aol.com

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

6/13/2025
Date