



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: 17246 Hwy 27 Sanford, NC PIN: _____

LANDOWNER: Brooke Maiello Mailing Address: _____

City: Sanford State: NC Zip: 27332 Phone: 336 734-3754 Email: _____

JOB COST (required): \$11,000

DESCRIPTION OF WORK: Replace HVAC Unit 2-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.
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 Dr.
Address

5362 I
License #

910-624-3319
Phone

bturner43@gmail.com
Email
bturner1225@aol.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.

Forrest K. Scott
Signature of Owner/Contractor

6/13/2025
Date