



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: 332 Quail Hollow PIN: _____

LANDOWNER: Samuel Edwards Mailing Address: _____

City: Sanford State: NC Zip: 27332 Phone: (502) 345-1406 Email: Sdedwa03@icloud.com

JOB COST (required): 16480

DESCRIPTION OF WORK: 5 ton split system heat 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 ☐ Number of Fixtures _____ Other _____

CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

AirPro Heating and Air
Contractor's Company Name
620 Gillespie St
Address
34809 Mech
License # Fayetteville NC 28306

910-964-4203
Phone
airproheatingNC@gmail.com
Email

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

AirPro
Contractor's Company Name
620 Gillespie St Fayetteville
Address
37137 elect
License # NC, 28306

910-964-4203
Phone
airproheatingNC@gmail.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

7/11/25
Date