



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: 85 Cape Ridge Ct. PIN: _____

LANDOWNER: Bobby & Kimberly O'Arc Mailing Address 85 Cape Ridge Ct.

City: Lillington State: NC Zip: 27546 Phone: (910) 263-2982 Email: good.wrench@yahoo.com

JOB COST (required): 12,948.

DESCRIPTION OF WORK: Main HVAC system with ductwork.

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.

One Man Service Heating & Air Conditioning (919) 986-0319
Contractor's Company Name Phone
15 Classic Cove Ct. Fuquay Varina Email: info@onemanservicehvac.com
Address NC 27526
34950
License # _____

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

M1 Electric Service Inc (919) 337-7002
Contractor's Company Name Phone
3305 Durham Dr. Suite 101 Raleigh Email: info@m1electricsservice.com
Address NC 27603
10696
License # _____

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

Date

07/30/2025