



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

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☒ Non-Residential ☐

SITE ADDRESS: 4141 Chalybeate Spring Rd Fuquay Varina, NC PIN: _____

LANDOWNER: Nancy Bienes Mailing Address: 4141 Chalybeate Springs Rd

City: Fuquay-Varina State: NC Zip: 27526 Phone: 9198090301 Email: Realtorcammclean@gmail.com

JOB COST (required): 11,055

DESCRIPTION OF WORK: Installation of 4 ductless mini split system

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.

Armor Air LLC
Contractor's Company Name

9199207190
Phone

PO Box 2353 Lillington, NC 27546
Address

Armorairllc@gmail.com
Email

36205
License #

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

A&J Electrical
Contractor's Company Name

9196169632
Phone

3790 Christian Light Rd Fuquay Varina, NC 27526
Address

D.pope27526@outlook.com
Email

30755
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

8/19/25
Date