



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: 29 Sandwell CRANCT PIN: _____

LANDOWNER: Ted MOZINGO Mailing Address: Sanford NC 27372

City: Sanford State: NC Zip: 27372 Phone: 757 570 2938 Email: _____

JOB COST (required): 8600.00

DESCRIPTION OF WORK: Replacing 3 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.

Contractor's Company Name _____

Address _____

License # 8276 17277L

Phone 919 258 5664

Email _____

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

Contractor's Company Name Collins Heat AC & Electrical

Address 9490 Old 421 Broadway

License # 8276 17277L 22505

Phone 919 258 5664

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.

Jerry Wade Collins
Signature of Owner/Contractor

9-23-2025
Date