



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: 733 New Castle Ln PIN: _____

LANDOWNER: Melanie Agnes Mailing Address: 733 New Castle Ln

City: Spring Lake State: NC Zip: 28390 Phone: 330-565-3936 Email: MDA04@Embarqmail.com

JOB COST (required): 9500.00 Attic 3 Ton Heat Pump Split

DESCRIPTION OF WORK: Like for Like Hvac swap excluding 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.

Tier1 Heating and Air
Contractor's Company Name
3459 US Hwy 1 Vass NC 28394
Address
SP. PH. 38298
License #

910. 556. 1444
Phone
Michele @ Tier1 - hvac.com
Email

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

Tier1 Heating and Air
Contractor's Company Name
3459 US Hwy 1 Vass NC 28394
Address
35015
License #

910. 556. 1444
Phone
Michele @ Tier1 - hvac.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

1 OCT 2025
Date