



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: 474 ST. MATTHEWS ROAD ERWIN NC 28339 PIN: 1507-34-9002.00

LANDOWNER: MMH VENTURES LLC Mailing Address: 2013 ROLLING ROCK ROAD

City: WAKEFOREST State: NC Zip: 27587 Phone: _____ Email: _____

JOB COST (required): \$10,000.00

DESCRIPTION OF WORK: INSTALL OF ELECTRICAL EQUIPMENT AT PUMP STATION

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.

SANFORD ELECTRICAL CONTRACTORS INC.
Contractor's Company Name
946. N. HORNER BLVD SANFORD NC 27330
Address
30825
License #

919-602-1932
Phone
jkerley@sanfordelectricalcontractors.com
Email

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

Contractor's Company Name

Phone

Address

Email

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.

for Kerley
Signature of Owner/Contractor

7/28/25
Date