

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	al 🔀
SITE ADDRESS: 2314 Bella Bridge Rd.	Braduau PIN
SITE ADDRESS: 2314 Bella Bridge Rd. LANDOWNER: Ripple Fiber Mailing Ad	dress: 6000 Fairview Rd
City: Charlotte State: NC zip: 28210 Phone: 104-417	- 1929 Email:
JOB COST (required): 3500 00	
DESCRIPTION OF WORK: Install 100amp service	for fiber optic cabinet
Mechanical: New Unit With Ductwork ☐ New Unit Without Duct	twork □ Gas Piping □ Other
Electrical: 200 Amp □ Greater than 200 Amp □ Service Ch	nange □ Service Reconnect □ Other 100 amp
Plumbing: Water Tap/Sewer Connection ☐ Water Heater ☐	Number of Fixtures Other
CONTRACTOR INFO	ORMATION
* Must be owner or licensed contractor. Address, company n	
Southeast Electrical Services UC Contractor's Company Name	104-634-365B Phone
P.O. Box ldle2, Marshville, NC 28103 Address 211, 92	704-634-3658 Phone iohn@southeastelectricalservices Email net
31683 License #	
Mechanical change outs & generator applications require both e	lectrical & mechanical information. If applicable:
Contractor's Company Name	Phone
Address	Email
License #	
I am the building owner or NC state licensed contractor, which legally I attest that all work shall comply with the State Building Code and regulations. By signing this application, I affirm that I have obtain purchase permits on their behalf. If doing the work as a work to be a support to the state of their behalf.	all other applicable State and local laws, ordinances and ned permission from the above listed license holder to
<u>purchase permits on their behalf.</u> If doing the work as owner, I under 12 months after completion of the listed work.	aerstand that i cannot rent, lease, or sell the listed property
Signature of Owner/Contractor	8/5/25
Signature of Owner/Contractor	Date