



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: 186 Crested Iris Dr. Lillington PIN: _____

LANDOWNER: Cape Fear Valley - Harnett Health System Mailing Address: PO Box 1706 Dunn, NC

City: Dunn State: NC Zip: 28335 Phone: 910-7300 Email: mjones3@capefearvalley.com

JOB COST (required): \$ 77,422

DESCRIPTION OF WORK: Door access + Alarm

Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwork ☐ Gas Piping ☐ Other _____

Electrical: 200 Amp ☐ Greater than 200 Amp ☐ Service Change ☐ Service Reconnect ☐ Other Low Voltage

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.

Gill Security Systems
Contractor's Company Name

910-433-2868
Phone

818 Ramsey St. Fayetteville, NC 28301
Address

christill@gillsecurity.com
Email

24116 SP-FA/LV
License #

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.

Chris Hill
Signature of Owner/Contractor

11/2-125
Date