



TOWN OF LILLINGTON  
**TRADE PERMIT APPLICATION**

Planning & Inspections Department  
102 East Front Street, PO Box 296 Lillington NC 27546  
• phone 910-893-0311 • fax 910-893-3693  
lillingtonnc.org

2 owners

Check all that apply:  Residential  Non-Residential

Owner Information: Name BYRON NATHANIEL JOHNSON Phone 910-580-516  
Home Street Address 1857 Old Stage Rd North City Coats State NC Zip 27521

JONATHAN SHANNON JOHNSON - 1985 Old Stage Road North Coats, NC 27521

Site Location Information (if different from Owner's Home Address):  
Address 2093 OLD STAGE RD NORTH City Coats State NC Zip 27521

**ELECTRICAL CONTRACTOR:**

Authorized Contractor's Name \_\_\_\_\_ \*N.C. State License # \_\_\_\_\_  
General Contractor's Signature Byron N Johnson Phone 910-580-5161 Fax \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Electrical Only - Description \_\_\_\_\_  HVAC Installation or Change-Out (Mech & Elec Contractor)

**MECHANICAL CONTRACTOR:**

Authorized Contractor's Name \_\_\_\_\_ \*N.C. State License # \_\_\_\_\_  
General Contractor's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HVAC Installation or Change-Out (Mech & Elec Contractor)  Other - Description \_\_\_\_\_

**PLUMBING CONTRACTOR**

Authorized Contractor's Name \_\_\_\_\_ \*N.C. State License # \_\_\_\_\_  
General Contractor's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Plumbing Only - Description \_\_\_\_\_

**BUILDING CONTRACTOR:**

Authorized Contractor's Name \_\_\_\_\_ \*N.C. State License # \_\_\_\_\_  
General Contractor's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Building Only - Description \_\_\_\_\_

COST OF LABOR / MATERIALS: Electrical \$ \_\_\_\_\_ Mechanical \$ \_\_\_\_\_ Plumbing \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Please Contact BYRON JOHNSON 910-580-5161 when permit is ready.  
BYRON (Name) JOHNSON Byron (\*Phone number)

Applicant Name - Print - JONATHAN JOHNSON Signature Jonathan Johnson Date \_\_\_\_\_

**FOR OFFICE USE:**

BUILDING PERMIT ID: \_\_\_\_\_

Trade Permit Approval Given By: \_\_\_\_\_ Date: \_\_\_\_\_