



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: 444 Crystal Spring Dr. PIN: 9587-81-6905.000

LANDOWNER: Jeremie Anderson Mailing Address: 424 Crystal Spring Dr.

City: Sanford State: NC Zip: 27332 Phone: 316 704 7035 Email: crazymananderson@gmail.com

JOB COST (required): 1650

DESCRIPTION OF WORK: Set Electric & Meter Box to Code for detached garage

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

Electrical: 200 Amp ☒ Greater than 200 Amp ☐ Service Change ☐ Service Reconnect ☐ Other initial install

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.

Triple A Electric  
Contractor's Company Name  
654 Sellers Rd, Cameron, NC. 28326  
Address  
SP-SFD 25108  
License #

919 353 1984  
Phone  
Email

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

Contractor's Company Name  
Address  
License #

Phone  
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

4/24/25  
Date