

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: 50 Pebble Beach Pt Sanford, NC 27332 PIN:	
LANDOWNER: michael Clapper Mailing Address: Same	
City: State: Zip: Phone: 317-490-5970 Email: mtclapper@gmail.com	
JOB COST (required): <u>2350.00</u>	
DESCRIPTION OF WORK: Run 20 amp circuit from craw to boat lift at drock (trenching)	
Mechanical: New Unit With Ductwork New Unit Without Ductwork	rork Gas Piping Other
Electrical: 200 Amp X Greater than 200 Amp □ Service Cha	inge □ Service Reconnect □ Other
Plumbing: Water Tap/Sewer Connection ☐ Water Heater ☐	Number of Fixtures Other
CONTRACTOR INFORMATION	
* Must be owner or licensed contractor. Address, company na	ne & phone must match information on license.
A. Maynot Contractor's Company Name	919-361-0993 Phone
1000 Goodworth Dr. Apex, NC 27539 Address	Kathy@maynorservices.com
<u>L11348</u> License #	,
Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:	
Mechanical change outs & generator applications require both ele	естса & теспатса тогтайон. п аррпсаме.
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.	
	4129 125
Signature of Owner/Contrastor	Date
(/)	