

## INDIVIDUAL TRADE APPLICATION

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

CONSTRUCTION TYPE (circle one): Residential Non-Residential	lential
SITE ADDRESS: 83 0/600 der Ln. Sanford, NC. 27332 PIN: 9579-13-3989.000	
LANDOWNER: Samontha Necker Mailing Address: 83 Oleander La.	
City: 500 Ford State: NC Zip: 27332 Phone: 315-236-18	DI Email: Samanthadenker 450 amil cam
JOB COST (required): \$\frac{13}{1}\$	9
Mechanical: New Unit With Ductoork II.	
Mechanical: New Unit With Ductwork □ New Unit Without Ductwork	k Gas Piping Other_
Electrical: 200 Amp ☐ Greater than 200 Amp ☐ Service Chang	ge □ Service Reconnect □ Other
Plumbing: Water Tan/Saver Commenting	Number of Fixtures Other
CONTRACTOR INFORMATION	
* Must be owner or licensed contractor. Address, company name & phone must match information on license.	
TITETPOTE CUITANT SALITIMS ARA ASTRUMENT FLAGRAGIA	A second
- The state of Company Maine	984-600-0100 Phone
PO Box 926, Holy Springs, NC 27540 Address	ermits@callastrowatt.com
29774	Email
License #	
Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:	
Contractor's Company Name	Phone
Address	Tione
ladios	Email
License #	
am the building owner or NC state licensed contractor, which legally entitles me to perform such work on the above structure. attest that all work shall comply with the State Building Code and all other applicable State and local laws, ordinances and segulations. By signing this application, I affirm that I have obtained permission from the above listed license holder to or 12 months after completion of the listed work.	
Signature of Owner/Contractor	6/10/2025
Oignature of Owner/Contractor	Date '

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