

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-Resid | ential 0611-06-2945 |
|--|--|
| SITE ADDRESS: 321616 Holly Spange Ch.Rd. Box | 71545 PIN: |
| LANDOWNER Gail Patterson Mailing Address | os: Jame |
| City Bradus State 1 Zip 27505 Phone: 19-499-7689 | Email: Igratterson/953@gmail.con |
| JOB COST (required): \$500.00 | |
| DESCRIPTION OF WORK: Sontain Insulation | is Plad. |
| Mechanical: New Unit With Ductwork □ New Unit Without Ductwork | rk Gas Piping Other |
| Electrical: 200 Amp | ge Service Reconnect Other |
| Plumbing: Water Tap/Sewer Connection □ Water Heater □ | Number of Fixtures Other |
| CONTRACTOR INFORMATION | |
| * Must be owner or licensed contractor. Address, company name | e & phone must match information on license. |
| Contractor's Company Name | Phone |
| The second section of the second seco | |
| Address | Email |
| 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 en I attest that all work shall comply with the State Building Code and all regulations. By signing this application, I affirm that I have obtained purchase permits on their behalf. If doing the work as owner, I under for 12 months after completion of the listed work. | other applicable State and local laws, ordinances and permission from the above listed license holder to |
| Signature of Owner/Contractor | 7-2-25 Date |