



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: 85 Tom Maders Rd PIN: _____

LANDOWNER: Yahir A. Mateo Mailing Address: 2114 River Forks

City: Sanford State: NC Zip: 27330 Phone: 984 270-2646 Email: _____

JOB COST (required): 0

DESCRIPTION OF WORK: Connect Power

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

Electrical: 200 Amp ☐ Greater than 200 Amp ☐ Service Change ☐ 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 & phone must match information on license.

Contractor's Company Name: [Signature] Owner Phone: _____

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 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 of Owner/Contractor: [Signature]

Date: 09-JUL-25