



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: 54 mount Sands Lane PIN: _____

LANDOWNER: Gordon Hawkins Mailing Address: 54 mt. Sands Lane

City: Somford State: NC Zip: 27332 Phone: 919-777-3403 Email: gordonthawkins69@gmail.com

JOB COST (required): D

DESCRIPTION OF WORK: Inspection of meter base / elect.

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.

owner Gordon T. Hawkins
Contractor's Company Name
629 Bayles Rd. Lillington
Address
N/A
License #

919-777-3403
Phone
gordonthawkins69@gmail.com
Email

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.

Gordon T. Hawkins
Signature of Owner/Contractor

7/15/25
Date