

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
21352
SITE ADDRESS: 15 Pine vista way, Santord PIN:
LANDOWNER: Thomas LARSON Mailing Address: 15 Dive Vista Way
City: Sarford State: NC zip: 27332 Phone: 440-241 Email: hannay 51 mon 9 a 2 gmail: hannay 51 mon 9 a 2 gmail
JOB COST (required): \$1500
DESCRIPTION OF WORK: MStalling TV Charges
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.
TAFFILLY CU COMMOLIDES LL 910 986 2009 Phone CASSIE Fundre le COMMOLICO MANORES NE 28387 Address NE 28387
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 Date

strong roots • new growth