



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

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☒ Non-Residential ☐

SITE ADDRESS: 101 Cedar Lane PIN: 9595379992

LANDOWNER: JASIURKOWSKI STANISLAW & JASIURKOWSKI BOGUMILA Mailing Address: 101 Cedar Lane

City: Sanford State: NC Zip: 27332 Phone: 210.303.1309 Email:

JOB COST (required): \$480

DESCRIPTION OF WORK: Generator plug 50 amps

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.

Great Power Solutions
Contractor's Company Name
301 Bingham St Carthage, NC
Address
U.38080
License #

910.638.6235
Phone
greatpowersolutions.martha@outlook.com
Email

Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:

Contractor's Company Name
Address
License #

Phone
Email

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

7.22.2025
Date