



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 28339
SITE ADDRESS: 200 Russ Dr Erwin NC PIN: _____
LANDOWNER: Anthony Todd Cox Mailing Address: 507 Eason St
Godsboro City: _____ State: NC Zip: 28333 Phone: 919-394-7132 Email: Coxtransportation906@gmail.com

JOB COST (required): 0

DESCRIPTION OF WORK Reconnect

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.

~~Hzzet~~ Rasool Electrical & Construction 919-252-7309
Contractor's Company Name _____ Phone _____
2612 Elmhurst Circle Raleigh Mr. Dixon 450@gmail.com
Address NC 27601 Email _____
U-16507
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]
Signature of Owner/Contractor

7-22-25
Date