

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 28390
SITE ADDRESS: 3570 Warsing Rd. Spring LAKER PIN:
LANDOWNER: Jeffing & PAR Rollins Mailing Address: 3570 NWSily Ld. Sprylate N.C. 2839
SITE ADDRESS: 3570 W/5/17 Rd. Spring LAKIR PIN:  LANDOWNER: 5- ffire 1, for Rollins Mailing Address: 3570 NWSITE LD. Springlake M.C. 28390  City: Springlake State: N.C. Zip: 29390 Phone: 910-72)-324 Email: D2 electric 1 @ 9 roll.com
JOB COST (required):
DESCRIPTION OF WORK: Add sispance on asside of Lose 120 unit.
Mechanical: New Unit With Ductwork □ New Unit Without Ductwork □ Gas Piping □ Other
Electrical: 200 Amp  Greater than 200 Amp  Service Change  Service Reconnect  Other    Other   Other   Other    Other   Other   Other    Other    Other    Other    Other    Other    Other
Plumbing: Water Tap/Sewer Connection   Water Heater   Number of Fixtures   Other   Other
CONTRACTOR INFORMATION
Contractor's Company Name  100   1100   Coccle Land Liling   Phone  Address  24311-L  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  7.79.2025  Date
Signature of Owner/Contractor Date