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Lillington, NC 27546

## INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☐ Non-Residential ☐

SITE ADDRESS: 185 Cynthia Spring Lake, NC PIN: \_\_\_\_\_

LANDOWNER: WFH LLC Boden Jane Mailing Address: 923 Bethel Baptist Rd

City: Spring Lake State: NC Zip: 28390 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

JOB COST (required): 800.00

DESCRIPTION OF WORK: Install smoke detector and Replaced switches and outlets

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.

Wos electric  
Contractor's Company Name  
525 Cape Rd Red Springs NC  
Address  
19028 U  
License #

910-850-5495  
Phone  
Woselectric@live.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]  
Signature of Owner/Contractor

8/4/23  
Date