



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: 107 Stony Acres Spring Lake, NC PIN: _____

LANDOWNER: W H & H C Bowden Family LLC Mailing Address: 923 Bethel Bpky + Rd

City: Spring Lake State: NC Zip: 28380 Phone: _____ Email: _____

JOB COST (required): 1200

DESCRIPTION OF WORK: Reconnection Power

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
575 Lape Rd Red Springs, NC 28377
Address
196284
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 _____

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

9/19/25
Date



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INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☐ Non-Residential ☐

SITE ADDRESS: 185 Cynthia Springshake, NC PIN: _____

LANDOWNER: WFHG LLC Boulder Junction, WI Mailing Address: 923 Bethel Baptist Rd

City: Springshake State: NC Zip: 28390 Phone: _____ Email: _____

JOB COST (required): 800.00

DESCRIPTION OF WORK: reconnection of power

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
575 Cape Rd Red Springs, NC
Address
19628 U
License #

910-850-5495
Phone
wos electric @ live, com
Email

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

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