



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: 256 Rolling Pines Dr. Spring Lake NC PIN: _____

LANDOWNER: Kathleen Flocke Mailing Address: 256 Rolling Pines Dr

City: Springlake State: NC Zip: 28390 Phone: 803-546-9665 Email: _____

JOB COST (required): \$3,000

DESCRIPTION OF WORK: Replace wire for postlight

Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwork ☐ Gas Piping ☐ Other _____

Electrical: 7200 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.

Transform Electric LLC
Contractor's Company Name
6336 Pawling Ct. Fayetteville NC 28304
Address
I. 36283
License #

910-401-8903
Phone
transformelectric.nc@gmail.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

08/04/2025
Date