



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: 2570 THOMAS/KELLY RD PIN: _____

LANDOWNER: TAMI JONES Mailing Address: 2570 THOMAS/KELLY RD

City: SAFORD State: NC Zip: 27330 Phone: 9194443155 Email: PHILLIPSCE54@GMAIL.COM

JOB COST (required): _____

DESCRIPTION OF WORK: NEW 200 AMP SERVICE FOR HOUSE BARN

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.

TRAVIS PHILLIPS ELECTRIC

Contractor's Company Name

1455 THOMAS/KELLY RD

Address

5166 L

License #

919-356-3001

Phone

PHILLIPSCE54@GMAIL.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

8-18-2025
Date