

CONSTRUCTION TYPE (circle one):

INDIVIDUAL TRADE APPLICATION

Non-Residential

Residential

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

LANDOWNER:	SITE ADDRESS: 454 Peach Farm Rd. Lillington 27546 PIN:
City: Lillington State: NC zip: 2754ø Phone: 9192855491 Email: bmxxiderhere @ gmcu1.com JOB COST (required): 7500 DESCRIPTION OF WORK: Upgyrading to 400 Amg/s. Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other Other 400 Amg/s. Electrical: 200 Amg Greater than 200 Amg Service Change Service Reconnect Other 400 Amg/s Plumbing: Water Tap/Sewer Connection Water Heater Number of Fixtures Other Contractor's Company Name Selectric Service Service Service Reconnect Other Must be owner or licensed contractor. Address, company name service phone must match information on license. Pauson's Electric Service Service Reconnect Other Phone Phone 280 Jayro Dyn Ve Fugury Volving 27526 Pauson's Electric Service Service Service Reconnect Other Must be owner or licensed contractor. Address Email Email Mechanical change outs & generator applications require both electrical & mechanical information. If applicable: Contractor's Company Name Phone Address 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. Sev signing this application, I affirm that a have obtained permission from the above is tisted license holder to understand that I cannot rent, lease, or self-license holder to understand that I cannot rent, lease, or self-license holder to understand that I cannot rent, lease, or self-license holder to understand that I cannot rent, lease, or self-license holder to understand that I cannot rent, lease, or self-license holder to understand that I cannot rent, lease, or self-license holder to understand that I cannot rent, lease, or self-license holder to understand that I cannot rent, lease, or self-license holder to understand that I cannot rent, lease, or self-license description.	
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other	city: Lillington State: NC zip: 27546 Phone: 9192855491 Email: bmxriderhere@gmcul.wn
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. Dawson's Electric * Mrv	
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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. Dawson's Electric & fiv 919-552-02H\(\phi\) Contractor's Company Name	Mechanical: New Unit With Ductwork □ New Unit Without Ductwork □ Gas Piping □ Other
CONTRACTOR INFORMATION Must be owner or licensed contractor. Address, company name & phone must match information on license. Pawson's Electric & Air Contractor's Company Name A80 JOYCO DYNE FUGURY VOIVING 27520 Address A5948 - L License # Mechanical change outs & generator applications require both electrical & mechanical information. If applicable: Contractor's Company Name Address 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	Electrical: 200 Amp □ Greater than 200 Amp Ø Service Change □ Service Reconnect □ Other <u>400 Amp</u>
*Must be owner or licensed contractor. Address, company name & phone must match information on license. *Dawson's Electric & Miv Contractor's Company Name ##A80 Jorco Drive Fuguery Varing 21530 Address ##A64ress ##	Plumbing: Water Tap/Sewer Connection Water Heater Number of Fixtures Other
Dawson's Electric & Air Contractor's Company Name A80 TOYCO Drive Fuguery Varing 27530 Address 25948 - L License # Mechanical change outs & generator applications require both electrical & mechanical information. If applicable: Contractor's Company Name 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	CONTRACTOR INFORMATION
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Address	Dawson's Electric & Air 919-552-0244
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An 8/25/25	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.

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Date

Signature of Owner/Contractor