

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: 111 Dees Street fillington	NC PIN:
LANDOWNER: Michael and Mailing Address:	
City: Sillington State: NC Zip: Phone: 919-9874712	[©] Email:
JOB COST (required): 1, 200.	
DESCRIPTION OF WORK: Adding a Sub panel	and Installing Soamp
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 □ N	umber of Fixtures Other
CONTRACTOR INFORMATION	
* Must be owner or licensed contractor. Address, company name &	phone must match information on license.
Contractor's Company Name	910 890 1 19 Q
206 West E Street Envin	West412@gmail.com
Address	mail
L. 36334 License #	
Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:	
Contractor's Company Name	Phone
Address	mail
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.	
To 12 months after completion of the listed work.	
Signature of Owner/Contractor	9/2/25 Date