



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

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Non-Residential

SITE ADDRESS: 79 Cove Landing, Sanford NC 27332 PIN: 9585-89-2470-000

LANDOWNER: Michael Mieszanek Mailing Address: 79 Cove Landing

City: Sanford State: NC Zip: 27332 Phone: 919 291 9091 Email: _____

JOB COST (required): \$6,000 Install generator inlet, plug, and interlock system (50amp)
Install x10 new devices in home
new attic fan & light fixture
new floor receptacle

DESCRIPTION OF WORK: _____

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.

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

09/10/25
Date