



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: 270 W D Graham LA PIN: _____

LANDOWNER: STEVE/Michelle Chrisco Mailing Address: PO Box 95 Olivia NC 28348

City: Sauferd State: NC Zip: 27332 Phone: 919.708.3717 Email: steve.chrisco@bradyservices.com

JOB COST (required): \$500.00 Note: not for events, just to keep ice cold in freezer located in beverage trailer

DESCRIPTION OF WORK: Service Pole for my mobile beverage trailer

Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwork ☐ Gas Piping ☐ Other None

Electrical: 200 Amp ☒ Greater than 200 Amp ☐ Service Change ☐ Service Reconnect ☐ Other _____

Plumbing: Water Tap/Sewer Connection ☐ Water Heater ☐ Number of Fixtures _____ Other None

CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Steve Chrisco
Contractor's Company Name
270 W D Graham LA Sauferd NC
Address
27332

919.708.3717
Phone
steve.chrisco@bradyservices.com
Email

License # _____

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.

Steve Chrisco
Signature of Owner/Contractor

9/23/20
Date