



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: 65 Sidney Wade LN PIN: 0534-37-8122.000

LANDOWNER: Christopher West Mailing Address: 2621 Bethel Baptist Rd

City: Springlake State: NC Zip: 28390 Phone: 910-444-6727 Email: West Services1@yahoo.com

JOB COST (required): 1500

DESCRIPTION OF WORK: Service Pole - To existing Pole 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.

Owner
Contractor's Company Name
Address
License #

Phone
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.

Chris West
Signature of Owner/Contractor

9-24-25
Date