



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

INDIVIDUAL TRADE APPLICATION

M.H park

CONSTRUCTION TYPE: Residential ☐ Non-Residential ☐

SITE ADDRESS: 2146 South Brenda, Spring Lake PIN: _____

LANDOWNER: roots management Mailing Address: 371 Archie St

City: Spring Lake State: NC Zip: 28390 Phone: (910) 835-4021 Email: Ant. boardage@rootsmanagement.com

JOB COST (required): under \$600 pump for septic

DESCRIPTION OF WORK: Re-hooking septic pump

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.

Austin Electrical Services Inc
Contractor's Company Name
167 Quail Hollow
Address
20548-2
License #

(910) 495-5631
Phone
austin-electrical-services@yahoo.com
Email

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.

Signature of Owner/Contractor

Sept 25, 2025
Date