

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: 249 BOOS4Valt Bd EVWID PIN:	
City: City: State: 1 C Zipx 833 Phone: 40 Mailing Address: 249 ROOS ULIT ROLL COM	
JOB COST (required):	
DESCRIPTION OF WORK: MUCONNACT ONLY	
Mechanical: New Unit With Ductwork $\square$ New Unit Without Ductwork $\square$	Gas Piping  Other
Electrical: 200 Amp  Greater than 200 Amp  Service Change  Service Reconnect Other	
Plumbing: Water Tap/Sewer Connection □ Water Heater □ Num	ber of Fixtures Other
* Must be owner or licensed contractor. Address, company name & phone must match information on license.	
Contractor's Company Name Pho	ne
Address	
	311
License #  Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:	
Contractor's Company Name Pho	ne
Address	
Address	all
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	Date