



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: 115 Sherman Pines DR Fuquay-Varina NC 27526 PIN: _____
LANDOWNER: Van Coats Mailing Address: 115 Sherman Pines DR -
City: Fuquay-Varina State: NC Zip: 27526 Phone: 910-920-5362 Email: fishvancrats@gmail.com

JOB COST (required): \$1300

DESCRIPTION OF WORK: Install dedicated circuit behind TV in living room

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.

Dawson's Electric & Air
Contractor's Company Name
280 Jarco DR Fuquay-Varina NC 27526
Address
75948
License #

919-552-0246
Phone
permits@calldawsons.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

10/31/2025
Date