



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: 191 BOLTON RD, LILINGTON, NC 27546 PIN: _____

LANDOWNER: CAMPBELL UNIVERSITY Mailing Address: 113 MAIN ST

City: LILINGTON State: NC Zip: 27506 Phone: 910-890-9995 Email: radams@campbell.edu

JOB COST (required): 29691

DESCRIPTION OF WORK: INSTALLATION OF POOL HEATER AND GAS LINE

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.

TRI SOUTH MECHANICAL

919-500-1166

Contractor's Company Name

Phone

PO BOX 2114 WAKE FOREST NC 27588

AHAMMAKER@TRISOUTHMECHANICAL.COM

Address

Email

33320

License #

Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:

TRI SOUTH MECHANICAL

919-500-1166

Contractor's Company Name

Phone

PO BOX 2114 WAKE FOREST NC 27588

AHAMMAKER@TRISOUTHMECHANICAL.COM

Address

Email

SP.PH.31750

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

05-14-2025

Date