



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 Micahs Way N, Spring Lake, NC PIN: 0506-71-8336.000

LANDOWNER: William Altman Mailing Address: 11

City: Spring Lake State: NC Zip: 28390 Phone: _____ Email: _____

JOB COST (required): \$7,650.00

DESCRIPTION OF WORK: Change out heat pump & Reconnect

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.

2B Services Inc.
Contractor's Company Name
1493 Seabrook Sch. Rd. Hwy. 1, NC 28312
Address
33777
License #

910-485-0068
Phone
twobservicesinc@yahoo.com
Email

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

2B Services Inc.
Contractor's Company Name
1493 Seabrook Sch. Rd.
Address
18127
License #

910-485-0068
Phone
twobservicesinc@yahoo.com
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

6-26-25
Date

strong roots • new growth