



CentralPermitting@Harnett.org
(910) 893-7525 ext: 1
420 McKinney Place (physical)
PO Box 615 (mailing)
Lillington, NC 27546

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☒ Non-Residential ☐ Fugate
SITE ADDRESS: 1912 Bullard Rd Varina PIN: _____
LANDOWNER: Edward Graham Mailing Address: 1912 Bullard Rd
City: Fugate State: NC Zip: 27526 Phone: 919-567-0147 Email: NO email
JOB COST (required): \$10,037

DESCRIPTION OF WORK: Replace HP (exterior) / AH (interior closet)

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.

Land Fix 919-736-6661
Contractor's Company Name Phone
9006 Glenwood Ave Raleigh NC
Address 27617 Email install@landfix.com
L 30683
License # (Mechanical)

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

Same as above SAME
Contractor's Company Name Phone
Same SAME
Address Email
30766 SPPH
License # (electrical)

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.

Mike Scanned
Signature of Owner/Contractor

9/5/25
Date