



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: 7391 Rawls Church Rd PIN: _____

LANDOWNER: Duane Beal Mailing Address: 7391 Rawls Church Rd

City: Fuquay Varina State: NC Zip: 27526 Phone: 984-330-0543 Email: duanebeal001@gmail.com

JOB COST (required): \$1,500

DESCRIPTION OF WORK: installation of a gas line for fireplace

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.

Main Street Plumbing
Contractor's Company Name
1202 S Main St, Fuquay Varina, NC, 27526
Address
35262
License #

919-617-0496
Phone
jdillo@mainstplumbingnc.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 of Owner/Contractor

Date

11-19-25