



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: 956 SENEVITY WALK PKWY, FURRAY NC PIN: _____

LANDOWNER: GREENFIELD COMMUNITIES Mailing Address: 8601 SIX FORKS RD, SUITE 270

City: RALEIGH State: NC Zip: _____ Phone: 919-369-1662 Email: ANDREW@SOLICALANDSCAPES.COM

JOB COST (required): 1500⁰⁰

DESCRIPTION OF WORK: IRRIGATION BACKFLOW PREVENTER

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.

SEW DRAIN MAGIC, INC.
Contractor's Company Name

919-369-5583
Phone

6629 WINTERGARDEN DR RALEIGH NC 27603
Address

DRAINMAGIC@AOL.COM
Email

D1-23989
License #

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

Contractor's Company Name

Phone

Address

Email

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]
Signature of Owner/Contractor

7-23-25
Date