



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 NC 27526

SITE ADDRESS: 45 SERENDIPITY DR FURRY VARIANA PIN: _____

LANDOWNER: DAVID URSETTO Mailing Address: 45 SERENDIPITY DR, FURRY VARIANA NC 27526

City: FURRY VARIANA State: NC Zip: 27526 Phone: 919 722 843 Email: DAVEURSETTO@GMAIL.COM

JOB COST (required): 250,00

DESCRIPTION OF WORK: CONNECT METER TO BACKFLOW / SHUTOFF VALVE

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 1 Other _____

CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Contractor's Company Name: DRAIN MAGIC INC
Address: 16629 WINTERHAW DR
RALEIGH, NC 27603
License #: 23989-PI

Phone: 919-369-5583
Email: DRAINMAGIC@AOL.COM

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 of Owner/Contractor

Date

22