



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: 483 COUNTRYSIDE DR PIN: \_\_\_\_\_

LANDOWNER: Truheim Williams Mailing Address: 483 COUNTRYSIDE DR

City: Lillington State: NC Zip: 27546 Phone: 35649382 Email: Truheim@gmail.com

JOB COST (required): 8000

DESCRIPTION OF WORK: Irrigation Installation

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.

Contractor's Company Name: Grantlawn Care and Sprinkler Inc. Phone: 910-977-6636  
Address: 6839 Timbercrafter Ln. Fayetteville Email: J9520112@yahoo.com  
NC, 28314  
License #: 32645

**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.

Truheim Williams  
Signature of Owner/Contractor

7/26/25  
Date