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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: 359 Hallow oak St Spring Lake NC 28390 PIN: \_\_\_\_\_

LANDOWNER: Michael & Kandace Burton Mailing Address: 359 Hallow oak St

City: Spring Lake State: NC Zip: 28390 Phone: 712 3891361 Email: Burton mh83@Aol.com

JOB COST (required): \_\_\_\_\_

DESCRIPTION OF WORK: Water Tap app

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 Sprinkler

### CONTRACTOR INFORMATION

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

Michael Burton  
Contractor's Company Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
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

8-14-25  
Date