



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: 1046 JOHNSON RD. , COATS, NC 27521 PIN: _____

LANDOWNER: GAYLE SORRELL Mailing Address: 1046 JOHNSON RD.

City: COATS State: NC Zip: 27521 Phone: 910-897-9949 Email: GSORRELL@INSIGHTBB.COM

JOB COST (required): \$ 3,900

DESCRIPTION OF WORK: INSTALL TANKLESS GAS WATER HEATER

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.

Mennella and Son Plumbing Service LLC
Contractor's Company Name
2273 Baileys Crossroads Road, Coats, NC 27521
Address
L - 22893
License #

919-820-6881
Phone
mennellaandsonplumbing@gmail.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.

Dennis J Mennella
Signature of Owner/Contractor

8/29/25
Date