



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: 41 Na Ssau Ln Sanford  | PIN:  |
| LANDOWNER: Frankie Fournier Mailing Address:   | same  |
| City: Sanford State: NC Zip: 2 Phone: 850-3190 En  | nail:   |
| DESCRIPTION OF WORK:tub to shower  |   |
| 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   | per of Fixtures Other   |
| CONTRACTOR INFORMATION   |   |
| * Must be owner or licensed contractor. Address, company name & photo  | ne must match information on license.   |
| Ke Bath 91   | 0-313-4868  |
| Contractor's Company Name 6570 Glenwood Ave Raliegh XC   | stin. stellen@rebath.com  |
| Address Emai   | I   |
| License #  |   |
| Mechanical change outs & generator applications require both electrical  | & mechanical information. If applicable:  |
| moonamour onange cate a generator approacione require boar erecursur   | a moonamour mormation. It approactes  |
| Contractor's Company Name Phon   | e   |
| Address  | I   |
| License #  |   |
| I am the building owner or NC state licensed contractor, which legally entitles is attest that all work shall comply with the State Building Code and all othe regulations. By signing this application, I affirm that I have obtained personable permits on their behalf. If doing the work as owner, I understand for 12 months after completion of the listed work. | r applicable State and local laws, ordinances and mission from the above listed license holder to |
| Lass Season  | 9-10-25   |
| Signature of Owner/Contractor  | Date  |