



TOWN OF LILLINGTON TRADE PERMIT APPLICATION

Planning & Inspections Department
106 West Front Street, PO Box 296 Lillington NC 27546
• phone 910-893-0311 • fax 910-893-3693
lillingtonnc.org

Check all that apply: Residential Non-Residential

Owner Information: Name _____ Phone _____
Home Street Address _____ City _____ State _____ Zip _____

Site Location Information (if different from Owner's Home Address):

Address _____ City _____ State _____ Zip _____

ELECTRICAL CONTRACTOR:

Authorized Contractor's Name _____ *N.C. State License # _____
General Contractor's Signature _____ Phone _____ Fax _____
Street Address _____ City _____ State _____ Zip _____

Electrical Only - Description _____ HVAC Installation or Change-Out (Mech & Elec Contractor)

MECHANICAL CONTRACTOR:

Authorized Contractor's Name _____ *N.C. State License # _____
General Contractor's Signature _____ Phone _____ Fax _____
Street Address _____ City _____ State _____ Zip _____

HVAC Installation or Change-Out (Mech & Elec Contractor) Other - Description _____

PLUMBING CONTRACTOR

Authorized Contractor's Name _____ *N.C. State License # _____
General Contractor's Signature _____ Phone _____ Fax _____
Street Address _____ City _____ State _____ Zip _____

Plumbing Only - Description _____

BUILDING CONTRACTOR:

Authorized Contractor's Name _____ *N.C. State License # _____
General Contractor's Signature _____ Phone _____ Fax _____
Street Address _____ City _____ State _____ Zip _____

Building Only - Description _____

COST OF LABOR / MATERIALS: Electrical \$ _____ Mechanical \$ _____ Plumbing \$ _____ Total \$ _____

Please Contact _____ when permit is ready.
(Name) (Phone number)

Applicant Name - Print - _____ **Signature** _____ **Date** _____

FOR OFFICE USE:

BUILDING PERMIT ID: _____

Trade Permit Approval Given By: _____ Date: _____