



INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Nor	n-Residential
SITE ADDRESS : 13043 NC 27 W	PIN: GPS Cord:35.336844, -79.019568
LANDOWNER: Mailing	Address:
City: Broadway State: NC Zip: 27505 Phone: 919-4	17-6369 Email: frontierelectrical2011@gmail.com
JOB COST (required): \$500	
DESCRIPTION OF WORK: Spectrum power supply cabin	et at common utility easement
Mechanical: New Unit With Ductwork ☐ New Unit Without □	Ouctwork □ Gas Piping □ Other
Electrical: 200 Amp □ Greater than 200 Amp □ Service	e Change Service Reconnect Other Power supply
Plumbing: Water Tap/Sewer Connection ☐ Water Heater	□ Number of Fixtures Other
CONTRACTOR	NFORMATION
* Must be owner or licensed contractor. Address, compa	ny name & phone must match information on license.
Frontier Electrical Services	919-417-6369
Contractor's Company Name	Phone
4070 Pine Ridge Rd, Franklinton, NC 27525	frontierelectrical2011@gmail.com
Address	Email
23712 License #	
Mechanical change outs & generator applications require bo	th electrical & mechanical information. If applicable:
Contractor's Company Name	Phone
Address	Email
License #	
I am the building owner or NC state licensed contractor, which leg I attest that all work shall comply with the State Building Code regulations. By signing this application, I affirm that I have o purchase permits on their behalf. If doing the work as owner, for 12 months after completion of the listed work.	and all other applicable State and local laws, ordinances and btained permission from the above listed license holder to
	4/14/2025
Signature of Owner/Contractor	Date