



INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Non-Residential
SITE ADDRESS: 3642 NC 210 S Bunn Level 28323 PIN:
LANDOWNER: Mailing Address:
City: State: Zip: Phone: Email:
JOB COST (required): # 100
DESCRIPTION OF WORK: Install Service on a Spectrum Calole Power Supply
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.
Dufgreld Electric Contractor's Company Name 4399 Wilsons Mile Rd, Smithfield NV 21577 Address 17321-L License #
Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:
Contractor's Company Name Phone
Address
icense #

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 of Owner Contractor/

Date