

## INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Non-Residential

SITE ADDRESS: 105 CALDWELL ST. PIN: \_\_\_\_\_

LANDOWNER: TIFFANY MORENO Mailing Address: 105 CALDWELL ST  
City: SPRING LAKE State: NC Zip: 28390 Phone: 910 633072 Email: TMORE4414@GMAIL.COM

JOB COST (required): 17,200

DESCRIPTION OF WORK: HVAC CHANGEOUT / 3.5 SPLIT heat pump

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.

Air Pro Heating & Air Conditioning, LLC  
Contractor's Company Name  
6020 Gillespie St.  
Address  
34809 / 37137  
License # MECH

910 - 922 - 6104  
Phone  
AIRPROHEATINGNC@GMAIL.COM  
Email

**Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:**

"Air Pro"  
Contractor's Company Name  
\_\_\_\_\_  
Address  
37137  
License # MECH

\_\_\_\_\_  
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.

[Signature]  
Signature of Owner/Contractor

4/30/2025  
Date