



INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential No	n-Residential
SITE ADDRESS: 106 Springside Dr. Spring Lake, N	C 28390. PIN: 0506-51-9713.00
LANDOWNER: Carol McCrarey Mailing	g Address: 106 Springside Dr
City: Spring Lake. State: NC Zip 28390. Phone: 540-65	56-0680. Email:Fortuneate@aol.com
JOB COST (required): 8200	
DESCRIPTION OF WORK:Like for like hvac change out	
Mechanical: New Unit With Ductwork □ New Unit Without	,
Electrical: 200 Amp □ Greater than 200 Amp □ Service	ce Change □ Service Reconnect □ OtherX
Plumbing: Water Tap/Sewer Connection ☐ Water Heate	
CONTRACTOR	INFORMATION
* Must be owner or licensed contractor. Address, comp	pany name & phone must match information on license.
Beard Bros. Heating & Cooling LLC	910-302-5616
Contractor's Company Name	Phone
PO Box 1406 Raeford, NC 28376. Address	Team@beardbroshvac.com Email
EL SP-PH-33880	
License #	
Mechanical change outs & generator applications require be	oth electrical & mechanical information. If applicable:
Beard Bros. Heating & Cooling LLC.	910-302-5616
Contractor's Company Name	Phone
PO Box 1406 Raeford, NC 28376.	Team@beardbroshvac.com
Address	Email
H3-33901 License #	
Electrice II	
I am the building owner or NC state licensed contractor, which le	egally entitles me to perform such work on the above structure.
I attest that all work shall comply with the State Building Code	
regulations. By signing this application, I affirm that I have opurchase permits on their behalf. If doing the work as owner,	
for 12 months after completion of the listed work.	, and an
	July 02, 2025
Signature of Owner/Contractor	Date