

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Non-Residential

SITE ADDRESS: 250 WEST DOVE RIDGE LANE PIN: _____

LANDOWNER: MARJORIE POOLOS Mailing Address: 250 WEST DOVE RIDGE LANE

City: SPRING LAKE State: NC Zip: 28390 Phone: 910-964-1490 Email: retroteam@carolinacomfortair.com

JOB COST (required): 15000

DESCRIPTION OF WORK: hvac change out, rremove & replace existing system. attic/outside, 2nd floor duct mods-change return plenum, reconnect electrical

Mechanical: New Unit With Ductwork ☒ duct mods 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.**

CAROLINA COMFORT AIR INC

Contractor's Company Name
5212 us hwy 70 bus w clayton nc 27520
Address
31589
License # _____

919-550-7711

Phone
retroteam@carolinacomfortair.com
Email

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

CAROLINA COMFORT AIR INC

Contractor's Company Name
5212 us hwy 70 bus w clayton nc 27520
Address
23988-L
License # _____

919-550-7711

Phone
retroteam@carolinacomfortair.com
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.

Golanda Owens

Signature of Owner/Contractor

08/28/2025

Date