

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): **Residential** Non-Residential

SITE ADDRESS: 101 CLEARWATER HARBOR SANFORD NC 27332 PIN: _____

LANDOWNER: COREY LESKO Mailing Address: 101 CLEARWATER HARBOR

City: SANFORD State: NC Zip: 27332 Phone: 410-596-0228 Email: _____

JOB COST (required): 16500

DESCRIPTION OF WORK: HVAC CHANGE OUT, REMOVE & REPLACE EXISTING SYSTEM. 4TON HP SPLIT
ATTIC/OUTSIDE, DUCT MODS-NEW SUPPLY, NEW RETURN & ZONING,
~~CHANGE BREAKER SZ, RECONNECT ELECTRICAL~~

Mechanical: New Unit With Ductwork ☒ MODIFICATIONS ONLY 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
23988-L
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
30936
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

09/17/2025

Date