



## **INDIVIDUAL TRADE APPLICATION**

CONSTRUCTION TYPE (circle one): Residential No	n-Residential
SITE ADDRESS: 635 BEACON HILL ROAD LILLINGTON N	NC 27546 PIN:
LANDOWNER: NICK SPENCER Mailing	Address: 635 BEACON HILL ROAD
City: LILLINGTON tate: NC Zip: 27546 Phone: 719-2	91-2299 Email: jnickspencer84@gmail.com
JOB COST (required): 6500  INSTALL 12000 MINI SPLIT, UI DESCRIPTION OF WORK: RECONNECT ELECTRICAL	NIT SERVICES GARAGE, PULL A 15 AMP CIRCUIT
Mechanical: New Unit With Ductwork □ New Unit Without	Ductwork ☒ Gas Piping □ Other
Electrical: 200 Amp ☐ Greater than 200 Amp ☐ Service	te Change   Service Reconnect   Other 15AMP
Plumbing: Water Tap/Sewer Connection ☐ Water Heater	n □ Number of Fixtures Other
CONTRACTOR	INFORMATION
* Must be owner or licensed contractor. Address, comp	pany name & phone must match information on license.
CAROLINA COMFORT AIR INC	919-550-7711
Contractor's Company Name	Phone
5212 US HWY 70 BUS W CLAYTON NC 27520	retroteam@carolinacomfortair.com
Address 23988-L	Email
License #	
Mechanical change outs & generator applications require be	oth electrical & mechanical information. If applicable:
CAROLINA COMFORT AIR INC	919-550-7711
Contractor's Company Name	Phone
5212 US HWY 70 BUS W CLAYTON NC 27520	retroteam@carolinacomfortair.com
Address	Email
30936 License #	
I am the building owner or NC state licensed contractor, which le I attest that all work shall comply with the State Building Code	and all other applicable State and local laws, ordinances an
regulations. By signing this application, I affirm that I have of purchase permits on their behalf. If doing the work as owner, for 12 months after completion of the listed work.	
Golanda Owens	09/24/2025
Signature of Owner/Contractor	Date