



INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Non	-Residential
SITE ADDRESS: 142 MILL BRANCH CIRCLE FUQUAY VARIN	A, NC 27526 PIN:
LANDOWNER: AMBER SWARTZBAUGH Mailing	Address: 142 MILL BRANCH CIRCLE
City: FUQUAY VARINA NC Zip: 27526 Phone: 919-55	0-7711 Email: retroteam@carolinacomfortair.com
JOB COST (required): 21500	
DESCRIPTION OF WORK: Upstairs: 2.5 TON HP SPLIT, CHANGE BREAKER S Downstairs: 2TON HP SPLIT, CHANGE BREAKER RETURN, RECONNECT ELECTRICAL	SIZE, DUCT MODS-UPSIZE 2 VENTS, REPLACE RETURN PLENUM SIZE. CHANGE BREAKER SIZE. DUCT MODS-ENLARGE 3 LINES & ADD SMALL
Mechanical: New Unit With Ductwork ✓ New Unit Without D	uctwork □ 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 I	NFORMATION
* Must be owner or licensed contractor. Address, compa	ny 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 bot	h 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
31589	
License #	
I am the building owner or NC state licensed contractor, which leg 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, I for 12 months after completion of the listed work.	understand that I cannot rent, lease, or sell the listed proper
Golanda Owens	10/02/2025
Signature of Owner/Contractor	Date