



INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE:	Residential 💢 💮 N	Non-Residential □			
SITE ADDRESS: 465 NORT	TH DUNN STREET AN	IGIER NC	PIN: _		
LANDOWNER: WYNN TOL	JSLEY	Mailing Addres	s: <u>465 NORTH D</u>	UNN STREET	
City: ANGIER State: NC	Zip: 27501 Phon	e: 919-625-4962	Email: tousleyw	@gmail.com	
JOB COST (required):	500				
DESCRIPTION OF WORK:	HVAC CHANGE OU CHANGE BREAKER ELECTRICAL	T, REMOVE & RE R SIZE, OUTSIDE	EPLACE EXISTING S LUNIT SERVICES W	SYSTEM. 2TON /HOLE HOME, F	HP PACK RECONNECT
Mechanical: New Unit With D			. •	·	
Electrical: 200 Amp 🗵 G	Greater than 200 Amp \Box	Service Chang	je □ Service Reco	nnect Othe	CHANGE
	er Connection □ Wa				
* Must be ou	CONT wner or licensed contractor. Ac	RACTOR INFORM		nation on license	
CAROLINA COMFORT AII		duress, company name	919-550-7711	nation on license.	
Contractor's Company Name 5212 US HWY 70 BUS W CLAYTON NC 27520			Phone retroteam@carolinacomfortair.com		
Address	CLATTON NC 27320		Email	nacomiortair.com	<u> </u>
23988-L					
License #					
Mechanical change outs & g	enerator applications	require both elect	rical & mechanical i	nformation. If ap	plicable:
CAROLINA COMFORT AIR INC			919-550-7711		
Contractor's Company Name 5212 US HWY 70 BUS W CLAYTON NC 27520			Phone retroteam@carolinacomfortair.com		
Address			Email		
29077 License #					
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I am the building owner or NC	state licensed contracto	r, which legally ent	itles me to perform su	ıch work on the al	oove structure.
I attest that all work shall con	nply with the State Buil	ding Code and all	other applicable Stat	e and local laws	ordinances and
regulations. By signing this a purchase permits on their befor 12 months after completion	ehalf. If doing the work				
yslan	da Owe	ns	10/16/202	25	_
Signature of C	Owner/Contractor		Date		