



INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential X Non-Residentia	
SITE ADDRESS: 108 SPRING POND LANE SPRING LA	KE NC 28390 PIN:
LANDOWNER: ROBERT AGNELLO Mailing Ac	Idress: 108 SPRING POND LANE
City: SPRING LAKEState: NC Zip: 28390 Phone: 919-550-	7711 Email: retroteam@carolinacomfortair.com
JOB COST (required): 11500	
HVAC CHANGE OUT, REMOVE & DESCRIPTION OF WORK: UNIT SERVICE 1ST FLOOR, RECO	REPLACE EXISTING SYSTEM. 2.5 TON HP SPLIT ONNECT ELECTRICAL
Mechanical: New Unit With Ductwork □ New Unit Without Duc	etwork ሺI Gas Piping □ Other
Electrical: 200 Amp ☒ Greater than 200 Amp ☐ Service C	hange □ Service Reconnect ☒ Other
Plumbing: Water Tap/Sewer Connection \square Water Heater \square	Number of Fixtures Other
CONTRACTOR INF	FORMATION
* Must be owner or licensed contractor. Address, company	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 both	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 30936	Email
License #	
I am the building owner or NC state licensed contractor, which legall I attest that all work shall comply with the State Building Code an regulations. By signing this application, I affirm that I have obtain	d all other applicable State and local laws, ordinances an
purchase permits on their behalf. If doing the work as owner, I up for 12 months after completion of the listed work.	
	11/14/2025
Signature of Owner/Contractor	Date