

(Individual Trade Application)

Owner (s) of Structure: Chad Scott Phone: (919) 227-9022
Owner (s) Mailing Address: P.O. Box 1351 Benson, NC 27504

Land Owner Name (s): Chad Scott Phone: (919) 227-9022
Construction or Site Address: 67 Valerie Lane Linden, NC 28356

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done: No work done - Duke requires inspection do to power being turned off

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork _____ Gas Piping _____ Other _____

Electrical*: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect Other _____
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I _____ will provide the _____ labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Chad Scott - owner
Contractor's Company Name

Telephone _____

Address _____

Email Address _____

License # _____

Structure Owner / Contractor Signature: Chad Scott Date: 5-10-2023

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license