

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Non-Residential
SITE ADDRESS: 3835 Olivia Road Sanford NC PIN: _____
LANDOWNER: Margaret Altman Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: 919 776 3320 Email: _____

JOB COST (required): \$850
DESCRIPTION OF WORK: Replacing Overhead service post

Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwork ☐ 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 INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Holly Electric
Contractor's Company Name
2701 Meadows Drive Sanford NC 27332
Address
L35351
License #
919 499 7105
Phone
Johnholly2701@gmail.com
Email

Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:

Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

I am the building owner or NC state licensed contractor, which legally entitles me to perform such work on the above structure. I attest that all work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. By signing this application, I affirm that I have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner, I understand that I cannot rent, lease, or sell the listed property for 12 months after completion of the listed work.

John Kenney II
Signature of Owner/Contractor

5/7/25
Date