

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Non-Residential

SITE ADDRESS: 278 Curragh Cove, Fuquay Varina PIN: _____

LANDOWNER: Barbara L Demartin Mailing Address: Same

City: Fuquay Varina State: NC Zip: 27526 Phone: 443-418-7947 Email: barbaral.demartin@gmail.com

JOB COST (required): \$5,500

DESCRIPTION OF WORK: Generator

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.

Barbara Demartin - Owner
Contractor's Company Name

278 Curragh Cove, Fuquay Varina
Address

License # _____

443-418-7947
Phone

barbaral.demartin@gmail.com
Email

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

Barbara L demartin@gmail.com - Owner 443-418-7947
Contractor's Company Name Phone

278 Curragh Cove, Fuquay Varina barbaral.demartin@gmail.com
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.

Barbara Demartin
Signature of Owner/Contractor

6/10/2025
Date