

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Non-Residential

SITE ADDRESS: 470 Tylerstone Dr., Fuquay Varina, NC 27526 PIN: _____

LANDOWNER: Laura Paterno Mailing Address: 470 Tylerstone Dr.

City: Fuquay Varina State: NC Zip: 27526 Phone: 862-268-0452 Email: laurapaterno7@gmail.com

JOB COST (required): \$1534

DESCRIPTION OF WORK: 120 volt circuit + receptacles in garage + whole home surge protector on outside panel

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.

Alternate Current Solutions DBA Astronatt Electric
Contractor's Company Name

PO Box 926, Holly Springs, NC 27540
Address

29774
License #

984-600-0100
Phone

permits@callastronatt.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.



Signature of Owner/Contractor

6/26/2025
Date