

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☒ Non-Residential ☐

SITE ADDRESS: 4141 Chalybeate Springs Rd. PIN: _____

LANDOWNER: Nancy Bienes Mailing Address: 4141 Chalybeate Springs Rd.

City: Fuquay-Varina State: NC Zip: 27526 Phone: 910-890-1661 Email: healtorcamclean@gmail.com

JOB COST (required): 3778.41

DESCRIPTION OF WORK: upgrade current electrical to 400 AMP Service

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.

NC Water Heaters .com, LLC
Contractor's Company Name
10107 Division Dr. Raleigh, NC 27603
Address
34053
License #

919-808-3585
Phone
admin@ncwaterheaters.com
Email

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

Contractor's Company Name

Address

License #

Phone

Email

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]
Signature of Owner/Contractor

08/08/25
Date