

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☒ Non-Residential ☐
SITE ADDRESS: 5445 Red Hill Church Rd **PIN:** 0715190037
LANDOWNER: Mary Beth Allison Moon Mailing Address: 5445 Red Hill Church Rd
Lisa Ruth Allison Moon
City: Coats **State:** NC **Zip:** 27521 **Phone:** 919- **Email:** Lmoon11@a4.net

JOB COST (required): \$44,410

DESCRIPTION OF WORK: Roof top with battery storage

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.

Wiring Solutions Plus
Contractor's Company Name 984-200-7487
4724 Hargrove Rd suite 192 Raleigh NC 27616
Address wiring.solutions.office@gmail.com
25181-L
License #

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.

Marcus Rose
Signature of Owner/Contractor

8/21/25
Date