

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Non-Residential

SITE ADDRESS: 350 JUDGE TAYLOR RD, LILINGTON, NC 27546 **PIN:** 0670.74.7082.000

LANDOWNER: CAMPBELL UNIVERSITY Mailing Address: 113 MAIN ST.

City: LILINGTON State: NC Zip: 27546 Phone: 910-890-9995 Email: radams@campbell.edu

JOB COST (required): 29,319.63

DESCRIPTION OF WORK: REPLACE DE EXISTING CHILLER WITH LIKE FOR LIKE EQUIPMENT.

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.**

TRI SOUTH MECHANICAL
Contractor's Company Name
PO BOX 2114 WAKE FOREST NC 27588
Address
SP.PH.31750
License # _____

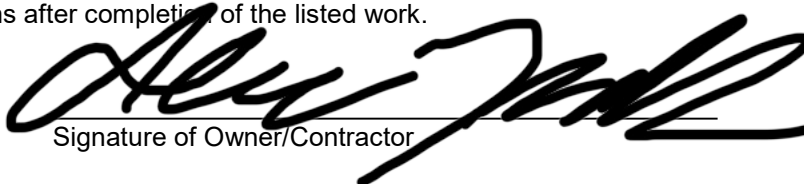
919-500-1166
Phone
AHAMMAKER@TRISOUTHMECHANICAL.COM
Email

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

TRI SOUTH MECHANICAL
Contractor's Company Name
PO BOX 2114 WAKE FOREST NC 27588
Address
33320 / MECHANICAL
License # _____

919-500-1166
Phone
AHAMMAKER@TRISOUTHMECHANICAL.COM
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 of Owner/Contractor

07-11-2025
Date