

## INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☐ Non-Residential ☒

SITE ADDRESS: 459 N McKinley St, Coats PIN: \_\_\_\_\_

LANDOWNER: Boddie Noell-Hardis Mailing Address: 1021 Noell Ln

City: Rocky Mount State: NC Zip: 27804 Phone: 252-937-2000 Email: chuck.willeford@boddienoell.com

JOB COST (required): \$116,000.00

DESCRIPTION OF WORK: Replacing 10 ton HVAC on Roof with new unit.

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.

Peacor Inc  
Contractor's Company Name

P.O. Box 26, Salemburg, NC 28385  
Address

30947  
License #

910-779-0820  
Phone

Peacor2@gmail.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]  
Signature of Owner/Contractor

9-15-2025  
Date