

INDIVIDUAL TRADE APPLICATION

Construction Type (circle one): Residential Non-Residential

SITE ADDRESS: 75 Rolins Acres Lane Lillington (18) PIN: _____

LANDOWNER: DAB Holdings of NC Mailing Address: 1001 Pro Cure Street

City: Fuquay Varina State: NC Zip: 27526 Phone: 919-427-8622 Email: drew@gammon-construction.com

Job Cost (Required): 7992.00

Description of Work: Remove & Replace 2 ton SP lit Heat pump equipment only

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.

Carolina Air Repair
Contractor's Company Name
653 Dr. Donnie H Jones Blvd
Address
24054-L Princeton NC
License # 25749

919-583-4136
Phone
Donnie.Carolinaairrepair@gmail.com
Email

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

Carolina Air Repair
Contractor's Company Name
653 Dr. Donnie H. Jones Blvd
Address
34743 Princeton NC
License # 27549

919-583-4136
Phone
Carolina air repair 1@gmail.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.

Jay Standish
Signature of Owner/Contractor

4-8-25
Date