

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one):

Residential

Non-Residential

SITE ADDRESS: 795 Micahs Way North PIN: _____

LANDOWNER: GARY GARLOW Mailing Address: 795 Micahs Way North
City: Springlake State: NC Zip: _____ Phone: 910-893-4272 Email: _____

JOB COST (required): 10000

DESCRIPTION OF WORK: Change out 1st + 2nd floor hp/Ah - Attic/crawl

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.

RA Jackson Electric
Contractor's Company Name
9261 Rae-igh Rd Benson
Address
21144
License #

919-894-5367
Phone
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.

Bobby Jackson
Signature of Owner/Contractor

4/17/2025
Date

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SITE ADDRESS: 795 Michals Way North PIN: _____
LANDOWNER: GARY GARLOW Mailing Address: 795 Michals Way North
City: Springlake State: NC Zip: 910 Phone: 893-4272 Email: _____

JOB COST (required): 10000

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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.

Contractor's Company Name _____
Address _____
License # _____

Phone _____
Email _____

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

Stephenson Heating & Air
Contractor's Company Name
343 Shipwash de Garner
Address
18644
License #

919-329-0686
Phone
Service: Stephensonhvac@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.

Lisa L. Selmer
Signature of Owner/Contractor

4/17/2025
Date