

License #

INDIVIDUAL TRADE APPLICATION

| CONSTRUCTION TYPE (circle one): Residential Non-Residential |
|--|
| SITE ADDRESS: 77 White Oak Cir. PIN: |
| LANDOWNER: Linda Signist Mailing Address: 77 White Oak Cir |
| City: Sonford State: NC. Zip: 27332 Phone: 910-849-0086 Email: signist 27 Q gmail. Com |
| JOB COST (required): 7300 DESCRIPTION OF WORK: Change out of Q.5 ton Split Heat Pump |
| |
| 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 |
| CONTRACTOR INFORMATION |
| * Must be owner or licensed contractor. Address, company name & phone must match information on license. |
| Steve England 910-740-5425 |
| Steve England Contractor's Company Name <u>111</u> Tom NI& Laughlin Rd. Recl Spriges NC. Address Address <u>Address</u> <u>Steve England</u> <u>Ne Laughlin Rd.</u> Recl Spriges NC. <u>28377</u> <u>Email</u> <u>Email</u> <u>Email</u> <u>Steve England</u> <u>Steve England</u> <u>Stev</u> |

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

Contractor's Company Name Phone NC.28384 Paul Address 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 of Owner/Contractor

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