

INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE (circle one): Residential Non-Residential

SITE ADDRESS: 34 Folly Ct

PIN: _____

LANDOWNER: Daniel Wofford

Mailing Address: 34 Folly Ct

City: Linden

State: NC

Zip: 28566

Phone: 385-245-5328

Email: _____

JOB COST (required): \$1,154.70

DESCRIPTION OF WORK: Installing 1- Mitsubishi 18 SEER2 Mini Split

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.

Main Street Heating & Cooling, Inc

Contractor's Company Name

501 S Wall St Suite A, Benson NC

Address

30014

License #

919-894-1363

Phone

mainstreetheatingandcooling@gmail.com

Email

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

Main Street Heating & Cooling Inc

Contractor's Company Name

Address

SP. PH. 31799

License #

919-894-1363

Phone

Same as above

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

6/24/25
Date