



INDIVIDUAL TRADE APPLICATION

N at
NSTRUCTION TYPE: Residential Non-Residential
TE ADDRESS: 28 Saw Grass Ct. Kunntevel PIN:
NDOWNER: Josh Avignone Mailing Address: 00 Saw Chas C
ty DUNITORE State: VC Zip: Or 1 Oct Priorie.
DB COST (required 30,000)
ESCRIPTION OF WORK: [eplace 2 Neat pumps and 2 aur handlers are extral
lechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
lectrical: 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.
anisons Electric AIV
Contractor's Company Name Contractor's Company Name Dermits a calldawsons com Email
Address C948-L
License # Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:
Mechanical change outs & generator applications require both electrical & mechanical minimum.
murans Flydry & AV (919)552-0299
Contractor's Company Name Figury Phone Prints @ Call Jausens CM
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.
affect that all WORK Shall Colliply with the other barrens the above listen license house to
l attest that all work shall comply with the State Building Code and all other applicable State and local test license holder to regulations. By signing this application, I affirm that I have obtained permission from the above listed license holder to regulations. By signing this application, I affirm that I have obtained permission from the above listed license holder to regulations. By signing this application, I affirm that I have obtained permission from the above listed license holder to
numbers parmits on their penall. If upling the work as a first
for 12 months after completion of the listed work.
8121/25
Signature of Owner/Contractor Date