



## INDIVIDUAL TRADE APPLICATION

CONSTRUCTION TYPE: Residential ☐ Non-Residential ☒  
SITE ADDRESS: 695 Claude White Rd. Cameron PIN: 9556-37-5397  
LANDOWNER: Kirkpatrick, Associates Mailing Address: PO Box 2570  
City: Burlington State: NC Zip: 27216 Phone: 336-584-1745 Email: knewport@t-gandp.com  
JOB COST (required): \$9,119.08

DESCRIPTION OF WORK: Installation of stainless steel commercial sink with new water & drain line  
Installation of wall hung sink & commercial grade faucet to commercial to be added  
Mechanical: New Unit With Ductwork ☐ New Unit Without Ductwork ☐ Gas Piping ☐ Other sink

Electrical: 200 Amp ☐ Greater than 200 Amp ☐ Service Change ☐ Service Reconnect ☐ Other \_\_\_\_\_

Plumbing: Water Tap/Sewer Connection ☐ Water Heater ☐ Number of Fixtures 3 Other \_\_\_\_\_

### CONTRACTOR INFORMATION

\* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Weston Coggins Pipeworx Plumbing  
Contractor's Company Name  
104 McNeill Rd. Sanford  
Address  
31056  
License # \_\_\_\_\_

919-775-1019  
Phone  
office@mypipeworx.com  
Email

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

\_\_\_\_\_  
Contractor's Company Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
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. 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.

Weston Coggins  
Signature of Owner/Contractor

10/30/25  
Date