TOWN OF SPRING LAKE MECHANICAL PERMIT APPLICATION

PERMIT NO: M-_____

Complete address where work will be performed:_____
Spring Lake, NC. 28390

Permit to be issued to: (Contractor/Business Name)_____

Address: _____ Phone:_____

NC License Number: _____

Complete Name of Property Owner: _____

Property Owner's Address: _____

Property Owner's Phone Number: _____

Oil	**____**	**New Work**	**____**	**BTU**	**_____**	**Oil Tank Size**	**_____**
Gas	**____**	**Replace Appl. & Duct**	**____**	**HP**	**_____**	**Size & Type of Fuel**	**_____**
LP Gas	**____**	**Replace Appl. only**	**____**	**Tons**	**_____**		
Electric	**____**	**Replace Duct only**	**____**				
Wood	**____**						

Item	No:	Price	Item	No:	Price
A/C Unit			Gas Appliance		
Air Handling Unit			Gas Log		
Boiler/Compressor			Gas Pack		
Condenser Unit			Gas Piping		
Duct (addition, per run)			Heat Pump – Split		
Evaporative Cooler			Heat Pump – Pkg.		
Exhaust Fan			Hoods and Canopies		
Exhaust Hood			Refrigeration Piping		
Fire Curtain			Suspended Heater		
Fire Damper			Ventilation Fan		
Fireplace			Walk in Cooler/Freezer		
Floor Furnace			Water Heater		
Furnace			Other:		

**A minimum permit fee will be charged if priced items total less then the minimum permit fee.

Permit Fee $ _____

Technology Fee $ _____5.00____

Total Permit Fees $ _____

YOU MUST CALL TO SCHEDULE AN INSPECTION AT PROPER STAGE (S) OF WORK.
CALL INSPECTIONS DEPARTMENT AT (910) 436-0241 TO SCHEDULE INSPECTION.

The undersigned hereby makes application for permit and inspection of work described, and agrees to comply with all applicable laws regulating the work performed.

Signature of Applicant _____ Date_____

Print Name _____

Approved by _____ Date_____

Disapproved by _____ Date_____