

TOWN OF SPRING LAKE GAS PERMIT APPLICATION

PERMIT NO: G-_____

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

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

Address: _____, Phone: _____

NC License Number: _____

Mechanical Contractor: _____ Plumbing Contractor: _____

Complete Name of Property Owner: _____

Property Owner's Address: _____

Property Owner's Phone Number: _____

Class of Work: New: _____ Addition: _____ Replacement: _____ Other: _____

Item	No:	Price	Item	No:	Price
Gas Appliance			Gas Log		
Gas Pack			Gas Piping		
Other			Other		

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

Permit Fee \$ _____

Technology Fee \$ 10.00

Total Permit Fees \$ _____

Comments: _____

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