

TOWN OF SPRING LAKE GAS PERMIT APPLICATION

Email Permit to: shutchins@townofspringlake.com

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: _____ Email: _____

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 than the minimum permit fee.

Permit Fee \$ _____

Technology Fee \$ 10.00

Convenience Fee (All Card Transactions \$4.50) \$ _____

Total Permit Fees \$ _____

Description: _____

YOU MUST CALL TO SCHEDULE AN INSPECTION AT THE PROPER STAGE (S) OF WORK. CALL THE INSPECTIONS DEPARTMENT AT (910) 985-7265 TO SCHEDULE INSPECTION. This permit becomes null and void if authorized work is not commenced within six (6) months from the date of issue, or if construction is suspended or abandoned for a period of one (1) year, any time after work is commenced.

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

Signature of Applicant _____ Date _____

Print Name _____

Approved by _____ Date _____