

## TOWN OF WELDON GAS PERMIT

JOB ADDRESS		OCCUPANT		PERMIT NO.	DATE
LEGAL DESCR	LOT NO.	BLK	TRACT	(SEE ATTACHED SHEET)	
TOTAL PROJECT COST \$			ELECTRICAL COST \$		
OWNER		ADDRESS		PHONE NO.	
CONTRACTOR		LICENSE NO.	ADDRESS		PHONE NO.
DESIGN PROFESSIONAL	<input type="checkbox"/> ARCHITECT	<input type="checkbox"/> ENGINEER	<input type="checkbox"/> OWNER	<input type="checkbox"/> OTHER	NC REG. NO. PHONE NO.
ADDRESS					
USE OF BUILDING					
CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR					
TYPE OF CONSTRUCTION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI					
OCCUPANCY: <input type="checkbox"/> A, LARGE <input type="checkbox"/> A, SMALL <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> I, UNRESTRAINED <input type="checkbox"/> I, RESTRAINED <input type="checkbox"/> M <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> MIXED					
EQUIPMENT: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> ADDITION <input type="checkbox"/> N/A					
PROPERTY USE: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> OTHER (LIBRARY, OFFICE, ETC.)					
BUILDING AREA: TOTAL AREA		SQ. FT.	AREA PER FLOOR		SQ. FT.
BUILDING HEIGHT:		FEET	NO. OF STORIES		
DESCRIBE WORK:					
STATE AGENCY APPROVALS: NC DEPT. OF INS. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
PLAN APPROVAL		# OF SHEETS	DATE		
SPECIFICATIONS		# OF SHEETS	DATE		
NC DEPT. OF LABOR		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	ELEVATORS		DATE
UTILITIES		BOILERS		DATE	
WATER: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<input type="checkbox"/> PRIVATE HEALTH DEPT. PERMIT #			
SEWER: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<input type="checkbox"/> PRIVATE HEALTH DEPT. PERMIT #			
SPECIAL CONDITIONS:					

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

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SIGNATURE OF CONTRACTOR OR AGENT

\_\_\_\_\_  
SIGNATURE OF OWNER (IF OWNER BUILDER)

TYPE OF FUEL: <input type="checkbox"/> NAT. GAS <input type="checkbox"/> LPG.		PERMIT FEES	
No.	Type of Equipment		Fee
	Central Heating Plant ( Steam )		\$
	( Hot Water )		
	( Warm Air )		
	Conversion Burner		
	Floor Furnace		
	Wall Heater		
	Circulator		
	Space Heater		
	Unit Heater		
	Cooking Range		
	Hot Plate		
	Automatic Controls		
	Dryer		
	Water Heater		
	Bake Oven		
	Refrigerator		
	Steam Radiators		
	TOTAL MBTU		
	PERMIT		\$
	TOTAL FEE		\$

\_\_\_\_\_  
BUILDING INSPECTOR

\_\_\_\_\_  
DATE