

# TOWN OF WELDON MECHANICAL PERMIT

JOB ADDRESS			OCCUPANT			PERMIT NO.			DATE			
LEGAL DESCR		LOT NO.	BLK	TRACT		( <input type="checkbox"/> 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"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <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		
								BOILERS		DATE		
UTILITIES												
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.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR OR AGENT

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

TYPE OF FUEL: <input type="checkbox"/> OIL <input type="checkbox"/> NAT. GAS <input type="checkbox"/> LPG.		
PERMIT FEES		
Type of Equipment		Fee
Air Cond. Units - H.P. Ea.		\$
Gas Fired A. C. Units - Tonnage Ea.		
Gaspack - Tonnage Ea.		
Gaspack - A.C. - Tonnage		
Forced Air Systems - BTU	M Ea.	
Gravity Systems - BTU	M Ea.	
Floor Furnaces - BTU	M Ea.	
Wall Heaters - BTU	M Ea.	
Clothes Dryers		
Ventilation Fan		
Range Hood		
Fire Suppression System (Hood)		
	PERMIT	\$
	TOTAL FEE	\$