



APPLICATION FOR MECHANICAL PERMIT # _____
ELECTRICAL – HVAC – PLUMBING - REFRIGERATION
INSPECTIONS/ DEVELOPMENT PLANS/ PERMITS
SUITE 101
WAVERLY F. AKINS OFFICE BUILDING
P.O. BOX 550
RALEIGH, NC 27602
PHONE: (919) 856-6060
FAX: (919) 856-6229

Type of work to be performed: **New** **Addition** **Repair/Replacement**

Project Street Address: Street #	Direction	Name	Type	City:
Subdivision:			Lot #	Pin #
Building Owner:				Phone # - -
Owners Address:				City:
Contact Name:				Phone # - -

Directions to site:

Project includes the following work: Electrical HVAC Plumbing Refrigeration

Description of Work:

Electrical Contractor:		License #
Street Address:	City:	State:
E-Mail:		
HVAC Contractor:		License #
Street Address:	City:	State:
E-Mail:		
Plumbing Contractor:		License #
Street Address:	City: :	State:
E-Mail:		
Refrig. Contractor:		License #
Street Address:	City:	State:
E-Mail:		

Trade	Contract Cost	Permit Fee
Electrical		
HVAC		
Plumbing		
Refrigeration		
TOTAL		

Applicant Signature: _____

Processed By: _____

Approved by: _____

Date: _____ Receipt # _____