



APPLICATION FOR MECHANICAL PERMIT # _____
ELECTRICAL – HVAC – PLUMBING - REFRIGERATION
PLANNING, DEVELOPMENT & INSPECTIONS
336 FAYETTEVILLE STREET 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 Address:	City:
Subdivision:	Lot #
Building Owner:	Phone # - -
Owners Address:	ZIP:
Contact Name:	Phone # - - Fax # - -

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: _____

Date: _____ Receipt # _____

PIN: _ _ _ _ _

Please note that although we cannot give an exact time for an inspection we will work with you as much as possible. Check our website (<http://www.mspection.com/Counties/Wake/wake.asp>) on the morning of your inspection to determine who your inspector is; then contact him for a time frame when he will be on site. Please remember a representative of the owner or contractor must be present for all inspections for any work to an occupied structure.