

TOWN OF FOUR OAKS INSPECTIONS DEPARTMENT
304 N. MAIN ST. FOUR OAKS, NC 27524~ PHONE 919-963-3112

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MECHANICAL PERMIT APPLICATION

PROJECT INFORMATION:

Applicant Name & Phone Number: _____

Property Owner & Phone Number: _____

Project Address: _____ Total Cost of Project: _____

ELECTRICIAN'S NAME: _____ LICENSE # _____

TYPE OF EQUIPMET: (Check all that apply) UNIT SIZE (in tons) _____

Air Handler Condensing Unit Gas Piping Duct Work Other

New: BTU _____ Existing _____

LOCATION OF EQUIPMENT (Check all that apply) Inside Outside Attic Crawlspace Other

HVAC CONTRACTOR NAME: _____ LICENSE # _____

ADDRESS: _____ PHONE # _____

DETAILED DESCRIPTION OF WORK: _____

PLEASE NOTE:

If any changes were made inside the residence (i.e changing breakers, feeder wire, etc..) access to the inside of the house and breaker panel must be provided at time of inspection.

REGULATIONS:

The undersigned does hereby declare that the information given is correct and agrees with all State and Local law, Local ordinances and regulations, and the North Carolina State Building Code. The under-signer also declares all subcontractors for this project have been notified of their contractual obligations to this project. The applicant furthermore declares that he/she is the property owner or legally represents the property owner. This application only becomes a permit when it has been processed and approved by the Town of Four Oaks Inspections Department and all applicable fees paid.

Owner/Contractor/Agent Signature: _____

Print Name: _____

Date: _____ Email Address: _____