



CAPE CARTERET DEPARTMENT OF INSPECTIONS MECHANICAL PERMIT APPLICATION

Date: _____ Applicant: Home Owner Contractor

Project Address: _____
City: _____ State: _____ Zip: _____

Property Owner : _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ E-mail: _____

Mechanical Contractor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ E-mail: _____
Current City Privilege License: Yes No N/A
Mechanical License Number and Classification: _____

Description of Proposed Work: _____

Cost of Proposed Work: _____

Heating/Cooling Unit(s)

- Residential
- Commercial

Project Area: _____ SQFT

- Package Unit -- Electric Gas
- Split System
- Other:

of Tons: _____

New Ductwork: Yes No

Location of Air Handler:

- Attic
- Crawl Space
- Closet
- Other: _____
- N/A

Other Work:

- Gas Piping System
- Gas Appliances # of: _____
- Commercial Range Hood
- Other:

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable State and local laws and Ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Owner/Agent Signature: _____

**NOTE: Only ORIGINAL signatures will be accepted. NO photocopies or facsimiles.