Gates County

Inspection Department
PO Box 411 200 Court Street Gatesville, NC 27938

OFFICE (252) 357-0122

FAX (252) 357-4577

MECHANICAL PERMIT APPLICATION

PROJECT ADDRESS:

Owners Name:				Phone:
Address:				Mobile:
City/State/Zip				Email:
Structure Classification:	□ Single Family □ Duplex	□ Manufactured/Mobile □ Modular Home	□ Commercial	All Other =

Is project replacement or repair Of HVAC equipment? □ Yes □ No

If yes, please mark all that apply:
□ Heat Pump How Many? _____
□ Air Handler How Many? _____
□ Package Unit How Many?_____
□ Ductwork (Significant amount only, not connections)
Duct test required on all NEW duct work

If no, provide description of work:

Manufacture's Clearance Sheet Required Prior to Requesting an Inspection

_____

_____

_____

Total (Including Material) Estimated Projected Cost: $_____

Contractor Information (Exactly as listed on North Carolina Board of Examiners of Heating and Plumbing Contractors)

Name of Business:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
North Carolina Fuel Piping, Plumbing, or Heating and Air License#	Class:
*North Carolina Electrical Contractors License# □ N/A If not licensed, must have Electrical Contractor and Form E-1 included with this application if required by law.	Class:

NOTICE

This permit becomes null and void if work or construction authorized under this permit is not commenced within 6 months or if after commencement of work no required inspection is requested and approved within any 12-month period thereafter or for substantial deviations from plans. Permit may be withdrawn if occupancy occurs before a Certificate of Compliance is issued. 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 this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction.

Signatures are to be Notarized or witnessed by Permit Staff

_____ _____ _____ _____

Printed Full Name of Applicant | Signature of Applicant | Date | IDPP initials

_____ County

_____ State

I, _____, a Notary Public in and for said State and County do hereby certify that _____, personally appeared before me this day and acknowledge that due execution of the foregoing instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20____

_____ My commission expires:_____

Notary Public

FOR OFFICE USE	PERMIT FEE	PERMIT #	ISSUE DATE:	PERMIT PAID:

Only required when work involved consists of installation, maintenance, or repair of wiring or devices that is directly related to heating and air equipment. Example: "Change-outs"

FORM M-1