



ALEXANDER COUNTY INSPECTIONS DEPARTMENT
151 W Main Ave Taylorsville, NC 28681 Phone: (828) 632-1000

GAS TRADE PERMIT APPLICATION

OWNER AND APPLICANT INFORMATION:

1) PROPERTY OWNER: _____ TELEPHONE #: _____

ADDRESS: _____ EMAIL: _____

2) APPLICANT: _____ TELEPHONE #: _____

ADDRESS: _____ EMAIL: _____

Rental Property: ☐ YES ☐ NO **Rental property requires licensed contractors**

PROJECT ADDRESS: _____

Job Description: _____

MECHANICAL CONTRACTOR or PLUMBING Contractor (PLEASE CIRCLE ONE) License # _____

Name (as licensed) _____ Phone #: _____

Email _____ Address _____

City _____ State _____ Zip _____

☐ **Commercial** ☐ **Residential**

- ☐ Gas Heat Pump
- ☐ Gas Air Conditioner
- ☐ Gas Furnace
- ☐ Space Heater
- ☐ Water Heater
- ☐ Ventilation Hood
- ☐ Stove
- ☐ Refrigeration Unit
- ☐ Pool Heater

- ☐ Outside Firepit
- ☐ Outside Cooker
- ☐ Fireplace
- ☐ Gas Logs
- ☐ Gas Piping Only
- ☐ Other _____

The undersigned hereby certifies that he/she is the licensee and certifies that all information in this form is correct and that all work will comply with the state code and all other applicable state and local laws, ordinances and regulations.

Plumbing Contractor's Signature

Date

Printed Name