

ALEXANDER COUNTY INSPECTIONS DEPARTMENT

6125 NC Hwy 16 S Taylorsville, NC 28681 Phone: (828) 632-1000 Fax: (828) 632-1095

SINGLE TRADE PERMIT APPLICATION - MECHANICAL

Applicants Name _____ Phone # _____

Property Owners Name _____ Phone # _____

Project Address _____

Rental Property: yes no **Rental property requires licensed contractors**

Job Description: _____

Mechanical Contractor

License # _____

Name (as licensed) _____ Phone # _____

Email _____ Address _____

City _____ State _____ Zip _____

Mechanical (check all that applies) Commercial Residential **Power Company:** _____

- | | |
|--|---|
| <input type="checkbox"/> New Installation | <input type="checkbox"/> Change-out existing units only. |
| <input type="checkbox"/> HVAC (per unit) qty: _____ | <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric Furnace |
| <input type="checkbox"/> Furnace (oil, gas, electric) qty: _____ | <input type="checkbox"/> HVAC Duct Only <input type="checkbox"/> Unit Heater qty: _____ |
| <input type="checkbox"/> Gas Line | <input type="checkbox"/> Gas Fireplace <input type="checkbox"/> Water Heater qty: _____ |
| <input type="checkbox"/> Gas Appliances _____ qty: _____ | <input type="checkbox"/> Pool Spa Heater <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Commercial Hood System qty: _____ | <input type="checkbox"/> Dryer Vent <input type="checkbox"/> Bath Fan qty: _____ |

The undersigned hereby certifies that he/she is either the licensee or the authorized agent of the licensee and hereby makes application for permit and inspection of work described and agrees to comply with all applicable laws regulating the work.

Mechanical Contractor's Signature Date Printed Name

Munis App. # _____ Parcel # _____