City of Havelock
Planning and Inspections Department
PO Box 368 1 Governmental Ave.
(252) 444-6433 Email: permits@havelocknc.us

OFFICE USE ONLY
Application #: _____
Received: _____ By: _____

Mechanical Permit Application

Applicant: ☐ **Contractor** ☐ **Property Owner** ☐ **Tenant/Business**

Project Address: _____ ☐ Residential ☐ Commercial

Applicant:		**Property Owner** (if *different* from Applicant):	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	

Contractor Information

Mechanical Contractor: _____

Contact: _____

Address: _____ NC License #: _____

_____ Classification: _____

Phone: _____ **Signature:** _____

Email: _____ Date: _____

Project Information

Description of Proposed Work: _____

_____

_____

_____

_____

Total Cost of Mechanical Work: $ _____

Area Affected by Mechanical Work: _____ Sq Ft

New Duct Work: ☐ Yes ☐ No

Other Work: ☐ Commercial Range Hood

☐ Gas Piping System ☐ # of Gas Appliances: _____

☐ Other: _____

Type of System: ☐ Package Unit ☐ Electric ☐ Gas

☐ Split System

Location of Air Handler: _____

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 applicable State and Local Laws along with all City of Havelock Ordinances and Regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the permitted herein.

Applicant Signature: _____ **Date:** _____

Only ***ORIGINAL* signatures will be accepted**

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Flood Zone: _____ **Requires Flood Zone Certificate:** ☐ Yes ☐ No

Approved by Planning/Zoning Official: _____ **Date:** _____

Building Official Approval: _____ **Date:** _____