

ALAMANCE COUNTY MECHANICAL PERMIT APPLICATION

Master Permit Number _____

PROPERTY INFORMATION

Property Address _____ City, State, Zip Code _____

Property Owner Name _____ Property Owner Phone _____

Utility Owner Name _____ Utility Owner Phone _____

Subdivision Name _____ Subdivision Lot Number _____

Geographic Parcel Identification Number _____ Tax Map Number _____

Census Tract _____ Township _____

Jurisdiction _____ Zoning _____

- | | | | | |
|------------------------------------|-------------------------------------|--|--|---|
| <input type="checkbox"/> Watershed | <input type="checkbox"/> Flood Zone | <input type="checkbox"/> Flood Certification | <input type="checkbox"/> Farm District | <input type="checkbox"/> Corner Lot |
| Water Type: | <input type="checkbox"/> City Water | <input type="checkbox"/> New Well | <input type="checkbox"/> Existing Well | <input type="checkbox"/> Community Well |
| Sewage Type: | <input type="checkbox"/> City Sewer | <input type="checkbox"/> New Septic | <input type="checkbox"/> Existing Septic | |

CONTRACTOR INFORMATION

Contractor Name _____ Contractor Phone _____

Contractor Street Address _____ City, State, Zip Code _____

County Control Number _____ North Carolina License Number _____

- Owner is Contractor Owner Occupied

BUILDING INFORMATION

Work Description _____ Construction Cost _____

- | | | | | |
|-----------------------------------|---|---|---|--|
| Building Use: | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Farm | |
| Building Type: | <input type="checkbox"/> New | <input type="checkbox"/> Existing | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Modular Home |
| Gas Company: | <input type="checkbox"/> Piedmont Natural Gas | <input type="checkbox"/> Public Service Gas | <input type="checkbox"/> LP Gas | Other _____ |
| Occupancy Type: | <input type="checkbox"/> 1 or 2 Family | <input type="checkbox"/> Apartments (3 or more) | <input type="checkbox"/> Assembly | <input type="checkbox"/> Assisted Living |
| | <input type="checkbox"/> Business | <input type="checkbox"/> Educational | <input type="checkbox"/> Factory/Industrial | <input type="checkbox"/> High Hazard |
| | <input type="checkbox"/> Hotel | <input type="checkbox"/> Institutional | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Storage |
| | <input type="checkbox"/> Utility/Maintenance | | | |
| Change Out/Reconnect Only: | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Change Out | <input type="checkbox"/> Reconnect | |

A photo ID is required to accompany all applicant signatures

ALAMANCE COUNTY MECHANICAL PERMIT APPLICATION

MECHANICAL INFORMATION

Duct Work: No Duct Work New Duct Existing Duct

Gas Piping: Gas Piping PSI _____ L P Tank Gallons _____

Commercial Hoods : Number _____ Total Square Feet _____

Number of Walk-in Coolers _____ Total Coolers' BTUs _____

Number of Chillers _____ Total Chillers' BTUs _____

Number of Boilers _____ Total Boilers' BTUs _____

Unit 1 Type: Package Unit Split Unit Heat Pump Radiant Heating
 Furnace Gas Logs Prefabricated Fireplace AC Unit
 Heating Unit Wood Stove

Unit 1 Fuel Source: Electric Natural Gas Dual Fuel L P Gas
 Fuel Oil Wood

Unit 1 Heating BTUs _____ Unit 1 Cooling BTUs _____

Unit 2 Type: Package Unit Split Unit Heat Pump Radiant Heating
 Furnace Gas Logs Prefabricated Fireplace AC Unit
 Heating Unit Wood Stove

Unit 2 Fuel Source: Electric Natural Gas Dual Fuel L P Gas
 Fuel Oil Wood

Unit 2 Heating BTUs _____ Unit 2 Cooling BTUs _____

Unit 3 Type: Package Unit Split Unit Heat Pump Radiant Heating
 Furnace Gas Logs Prefabricated Fireplace AC Unit
 Heating Unit Wood Stove

Unit 3 Fuel Source: Electric Natural Gas Dual Fuel L P Gas
 Fuel Oil Wood

Unit 3 Heating BTUs _____ Unit 3 Cooling BTUs _____

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

Applicant Printed Name _____ Applicant Phone _____

Applicant Signature _____ Date _____

A photo ID is required to accompany all applicant signatures