



TOWN OF HOLDEN BEACH MECHANICAL PERMIT APPLICATION

*** All information on this application must be filled out completely. Information that does not apply must show n/a. Incomplete applications shall be returned without being processed.**

PROPERTY OWNER INFORMATION:

Name: _____
Holden Beach Property Address: _____
Parcel Number: _____
Home Phone: _____ Beach House Phone: _____
Cellular Phone: _____ Fax: _____
Email: _____

CONTRACTOR INFORMATION:

Business Name: _____ Qualifier: _____
Mailing Address:
Street Address: _____
City/State/Zip: _____
Phone: _____ Cellular Phone: _____
Fax: _____ Email: _____
N.C. State Contractor's License Number: _____
Workman's Compensation Number (Attach Copy): _____
Contact Person: _____
Phone: _____ Cellular Phone: _____
Fax: _____ Email: _____

WORK CLASSIFICATION AND VALUE: (check one)

Fireplace _____ Gas _____ HVAC Changeout _____
\$ _____ \$ _____ \$ _____

FLOOD PLAIN INFORMATION:

Flood Zone Designation (X, AE, VE) _____ Base Flood Elevation _____
If changeout, will unit need to be elevated? _____

LOCATION: Is the unit going to be in the same location, or moved? If moved, where to? _____

WILL YOU USE THE EXISTING DUCTWORK? Y _____ N _____ (CIRCLE ONE)

WHO WILL BE THE ELECTRICIAN? _____

ELECTRICIANS NC LICENSE #? _____

Type of Unit _____ Seer _____ Tonnage _____
Condensing Unit only _____ Air Handling Unit only _____ Both _____

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*****Note*** Contractor must provide access, entry, ladders, etc. on HVAC Change-outs.**

DESCRIPTION OF PROPOSED WORK: (add additional sheets as necessary)

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 a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

This permit becomes null and void if work or construction authorized is not commenced within six months, or if construction or work is suspended or abandoned for a period of one year at any time after work is commenced.

Owner/Agent Signature _____ Date _____

Printed Name

PERMIT APPROVAL:

Building Inspector _____ Date _____