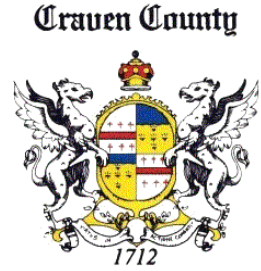


Application # _____

Craven County Inspections Department
2824 Neuse Boulevard
New Bern, NC 28562
(252) 636-4987, Fax (252) 636-4984

www.cravencountync.gov



MECHANICAL (STAND ALONE) PERMIT APPLICATION

Date: _____ PERMIT FEE: \$ _____

APPLICANT/CONTRACTOR:

Name: _____ *Contractor License (if applicable) #: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

PROPERTY OWNER:

Name: _____ Address: _____

City: _____ Phone: _____ Parcel I.D. # ____ - ____ - ____

JOB SITE ADDRESS: _____

DIRECTIONS: _____

TYPE OF MECHANICAL PERMIT: Residential _____ Commercial _____

Is duct work included? (Circle One) Yes No If yes, total sq. ft. _____

****If New Install or Replacement of Unit a separate *Electrical* permit must be purchased in addition to the Mechanical permit. If this statement is applicable, who is the:**

ELECTRICAL CONTRACTOR: _____ License # _____

Number of Units: _____ Type of Unit: (Gas, Electric, Water Source, etc.) _____

Fire Sprinkler System ____ Other (please explain) _____

Applicant/Owner Signature: _____ Date: _____