Jones County Building Inspections
418 Highway 58 North,
Trenton, NC 28585
Phone: (252) 448-1221
Fax: (252) 448-1072 **www.jonescountync.gov**

MECHANICAL (STAND ALONE) PERMIT APPLICATION

06/2014 revision

Application Date _____

Owner's Name _____ **Phone Number** _____

Project Street Address _____

City _____ **State** _____ **Zip** _____

Subdivision (if applicable) _____ **Parcel #** _____

Contractor's Name _____ **NC State License #** _____

Address _____ **City** _____ **Zip** _____

Contact Person _____ **Phone #** _____

Type of Work ____ **Residential** ____ **Commercial**
____ **Change out** ____ **New Installation** ____ **Alteration**
Load Calculations Completed and submitted? ____ **Yes** ____ **No**
**** IF this is a New Install or Replacement of Unit, a separate ELECTRICAL permit is required if electrical work is performed beyond the disconnect. If this statement is applicable, who is the Electrician?** _____ **Electrical License #** _____

Is Ductwork included? ___**Yes** ___ **No** **If Yes, Total Square Footage (heated)** _____ __

Number of units being installed or replaced: _____

Total Project Cost $_____ **Type of Unit: Gas or Electric** _____

Please see reverse side..

Is this project in a FEMA designated Flood Zone? ___ Yes ___ No

Is workman's comp. Insurance required for this project? ___ Yes ___ No

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I hereby certify that all of the information listed on this application is correct, and that all work will comply with the NC State Building Code, and all other applicable State and Local laws, ordinances and regulations. I also understand that if an inspection fails, I may be held liable for a re-inspection penalty fee. I furthermore understand that no permit fees are refundable, or transferrable, and that once a permit is voided or expired, I may incur an additional permit fee(s) to obtain additional permits.

_____ _____

Owner, Contractor, or Authorized Representative Signature **Date**

_____ County, North Carolina

I do hereby certify that _____ personally appeared before me this day and acknowledged to me the due execution of the foregoing instrument. Witness my hand and official seal this the ____ Day of _____ 20____.

Date: _____

Official Signature of Notary

Notary Public Name (printed or typed) _____

(SEAL) My Commission expires: _____

FOR OFFICE USE ONLY

Date Application Received _____

Sets of plans received for review (if applicable)_____

Date approved to permit _____ Permit # _____