City of Raeford Planning, Zoning & Code Enforcement

701 S Main St, Raeford NC 28376-3238
TELEPHONE (910) 875-5031 FAX (910) 875-1462
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APPLICATION FOR MECHANICAL AND GAS PIPING PERMIT

Project Location:

STREET AND NUMBER	NAME OF SUBDIVISION	LOT NO	PARCEL #

Mechanical Contractor: _____Phone Number: (____)____-____Cell phone: (____)____-_____

Address: _____City:_____State:_____Zip:_____

NC LICENSE#: _____ **CLASSIFICATION:**_____ **LIMITATION:**_____

Property Owner: _____Phone Number: (____)____-_____Cell phone: (____)____-_____

Address: _____City:_____State:_____Zip:_____

RESIDENTIAL ___ **COMMERCIAL** _____ **NEW** _____ **EXISTING** _____

# OF SYSTEMS INSTALLED:	TYPE New ___ Change out ____	FUEL Gas _____ Oil _____	LOCATION Attic ___ Roof __ Exterior___ Crawl Space __ Other____	GAS PIPING By	WIRING by

Heat Pump (Split / Pkg)		
Air Conditioner (Split /Pkg)		
Gas Package Unit		
Condensing Unit (A/C, Heat Pump)		
Package Unit (Heat / Cool)		
Hydro-Heat (Apollo Type)		
Gas Furnace		
Unit Heater		
Air Handler Only		
Misc Heaters: Wall/Floor Furnace		
Misc Heaters: Space Heater		
AV Box		
Boiler		
Chiller		
Refrigeration Unit (s)		
Hood (s)		

Fireplace insert		
Prefab Fireplace		
Gas Logs		
Wood Stove		
Duct Work Only		
Gas Piping		
Installation: New_____ Addition_____ LP _____ Natural _____		
Gas Pressure: Low PSI __ 2 PSI ___ 5 PSI ___ Over 5 PSI ___		
List Appliances		
Total Appliances		

Permit Fee: _____ **Permit #** _____

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 other applicable state and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the projected permitted herein.

_____ _____

Signature of Applicant **Date**

Email:_____