

Town of Pinebluff
Application for Electrical, Mechanical, Plumbing Permit

Date: _____ Permit # _____

Applicant: _____ Phone # _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Owner of Property _____ Phone # _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contractor: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contractor Phone # _____ Cell # (If available) _____

Contractor License # _____

Property Information:

Physical Address: _____

LRK #: _____

Type of (Mechanical, Plumbing, Electrical): _____

New _____ Alteration: _____ Addition: _____

Estimated Cost: \$ _____

I further certify that I, the undersigned, am the owner of the subject property or I am making application with the full authority of the owner(s) and the statement herein are true and correct to the best of my knowledge.

Applicant/Owner

Date