

Town Of Lake Waccamaw

205 Flemington Dr. Lake Waccamaw North Carolina 28450
Office (910) 646-3700 Fax (910) 646-3860 Office Hours 8:00 to 5:00
Closed 12:00 pm To 1:00pm

MECHANICAL PERMIT APPLICATION

Owner: _____ Phone #: _____

Address: _____
City _____ State _____ Zip Code _____

Location Of Work : _____

Contractor: _____ Phone #: _____

Address: _____
City _____ State _____ Zip Code _____

North Carolina License # : _____

Type Of Work : Residential _____ Commerical _____

Description of work: _____

XX		
New Installation (includes ductwork)	Heating / Chiller Systems	# BTU'S
# Of Units _____ Tons Per Unit _____	Furnance	_____
	Boiler	_____
Unit Change Out (no ductwork)	Heat Exchanger	_____
# Of Units _____ Tons Per Unit _____	Hot Water Heating (resd.)	_____
	Hot Water Heating (com.)	_____
Gas Piping	Chiller	_____
# Of Units _____	Conversion Burner	_____
	Other	_____
Commerical Hoods	Other	_____
# Of Hoods _____		_____

Owner, Contractor, Agent Agreement;

I do hereby certify that all information in this application is correct and that all work will comply with the International Mechanical / Gas Code for the State of North Carolina and all other State and Local Codes. In the event that changes are made different than this application I will notify the Columbus County Inspections Department.

Owner, Contractor, Agent

Date Of Application

Call (910) 646-3700 To Schedule All Inspections
All Permits Expire Within 6 Months From Date Of Issuance If An Inspection Has Not Been Made.