

City of Jacksonville
Building Inspections Division
815 New Bridge Street/P.O. Box 128
Jacksonville, NC 28541
(910) 938-5232 or (910) 938-5235
Fax: (910) 938-5208
www.ci.jacksonville.nc.us

MECHANICAL PERMIT APPLICATION

Date: _____ Permit No.# _____

THIS PERMIT IS HERE BY ISSUED TO: Permit Fee:\$ _____

Mechanical Contractor: _____ Phone# _____

Address: _____

NC Mechanical License #: _____ City Privilege License# _____

Project Address: _____ Total Sq. Ft. _____

Owner of Project: _____ Phone # _____

Address: _____

City

State

Zip Code

OCCUPANCY TYPE:(CHECK ONE)

RESIDENTIAL COMMERCIAL

FOR INSTALLATION OF:

**BTU: _____ KW/TON: _____

NO. WARM AIR FURNACES (GAS PACK, GAS OR OIL FURNACE)..... _____

NO. REPLACEMENT UNITS..... _____

NO. HEAT PUMP/SPLIT SYSTEMS..... _____

NO. HOOD SYSTEMS..... _____

OTHER (SPECIFY)..... _____

****IF GAS PACK, GAS OR OIL FURNACE, NEED BTU'S.**

Applicant Signature

Inspections Approval: _____ Date: _____