

# Mechanical Permit Application

Town of Topsail Beach

810 S. Anderson Blvd

Topsail Beach, NC 28445

Phone: (910)328-5194 Email: [smoore@topsailbeachnc.gov](mailto:smoore@topsailbeachnc.gov)

Please Fill Out COMPLETELY

**Date:** \_\_\_\_\_ **Project Address:** \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Cellular#: \_\_\_\_\_

Email: \_\_\_\_\_ Expiration: \_\_\_\_\_

State License #: \_\_\_\_\_ Contact #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Occupancy Type: Residential: \_\_\_\_\_ Commercial \_\_\_\_\_

Estimated Cost of Project \_\_\_\_\_ Square Footage \_\_\_\_\_

For Installation of: BTU \_\_\_\_\_ KW/TON \_\_\_\_\_

Heat Pump-Split System \_\_\_\_\_ Gas Lines: \_\_\_\_\_

Package Unit: \_\_\_\_\_ Gas Pack: \_\_\_\_\_

Hood Systems: \_\_\_\_\_ Boiler: \_\_\_\_\_

Warm Air Furnaces: \_\_\_\_\_ Other: \_\_\_\_\_

Description of Work: \_\_\_\_\_

## For Office Use Only

Additional Comments \_\_\_\_\_

Building Inspector \_\_\_\_\_ Mechanical Fee \_\_\_\_\_

Date Approved \_\_\_\_\_ Additional Fees \_\_\_\_\_

Receipt # \_\_\_\_\_ TOTAL RECEIVED \_\_\_\_\_