## BUNCOMBE COUNTY APPLICATION FOR MECHANICAL PERMIT CASE# SITE ADDRESS: **MEC** SUBDIVISION/LOT# DIRECTIONS: (PLEASE PRINT) **PIN** # (**REQUIRED**): \_\_\_\_\_ ☐Existing ☐Other TYPE OF BUILDING: New Addition TYPE OF WORK: New Repair Replacement CONTRACT COST \$\_\_ TYPE OF USE: ☐Single Family Townhouse Duplex ☐Mobile Home Multi-Family Other\_\_\_ Commercial (Library, Office, Etc.)\_\_ CONTRACTOR (as licensed) PHONE # ADDRESS\_\_\_\_\_ \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ CITY\_\_\_\_\_STATE ZIP \_\_\_\_\_FAX # \_\_\_\_\_ □H1 □H2 □H3 □FP $\Box$ FS LICENSE# Refrigeration ☐LP Gas TYPE OF FUEL: ☐ Electric ☐Natural Gas □Oil UTILITY COMPANY: □PSNC Propane Gas Co. \_ Other \_\_\_\_\_ **DESCRIPTION QTY SIZE** Boiler Other: (Description of Work) Furnace A/C Unit Chiller Heat Pump Gas Logs (Vented) Gas Logs (Unvented) REQUIRED FOR CREDIT CARD PURCHASE Water Heater CVC/CID/CVV2: \_\_\_ \_ Check Below if Installing Gas Piping: (3-digit code located on back of the card) **Gas Piping** \*CSST Gas Piping

\*Electrical Permit required on CSST Gas Piping

PERMIT FEE

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for permit and inspection of work described and agrees to comply with all applicable laws regulating the work.

Date

Buncombe County Permits & Inspections 30 Valley Street

Asheville, NC 28801 Phone: 828-250-5360 Fax: 828-250-6082

Contractor's Signature

Permit Approved By:

Print Applicant's Name

This permit will expire if work is not commenced and inspected within six months of the date of issue.