

BUNCOMBE COUNTY APPLICATION FOR MECHANICAL PERMIT

SITE ADDRESS: _____
 SUBDIVISION/LOT # _____
 DIRECTIONS: (PLEASE PRINT) _____

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|---------------|
| CASE # MEC |
|---------------|

OWNER _____ **ADDRESS** _____
 CITY _____ STATE _____ ZIP _____ PHONE# _____

PIN # (REQUIRED): _____

JOB DESCRIPTION: Type of Building: New Existing Addition N/A
 Equipment: New Replacement Repair

CONTRACT COST \$ _____

PROPERTY USE: Single Family Two Family Apartments Condominiums Townhouse
Other (Library, Office, Etc.) _____

CONTRACTOR (as licensed) _____ **PHONE #** _____
ADDRESS _____ **CELL PHONE #** _____
 CITY _____ STATE _____ ZIP _____ **FAX #** _____

LICENSE# _____ H1 H2 H3 FP FS Refrigeration

TYPE OF FUEL: Electric Gas LP Gas Oil
 UTILITY COMPANY: PSNC Suburban Southern States Blossman RB's Other _____

| DESCRIPTION | QTY | SIZE |
|---------------------|------------|-------------|
| Boiler | _____ | _____ |
| Furnace | _____ | _____ |
| A/C Unit | _____ | _____ |
| Chiller | _____ | _____ |
| Heat Pump | _____ | _____ |
| Gas Logs (Vented) | _____ | _____ |
| Gas Logs (Unvented) | _____ | _____ |
| Water Heater | _____ | _____ |

Other: (Description of Work)

| |
|--|
| <p>REQUIRED FOR CREDIT CARD PURCHASE CVC/CID/CVV2: _____ (3-digit code located on back of the card)</p> |
|--|

Check Below if Installing Gas Piping:
 *Gas Piping _____
 *CSST Gas Piping _____

***Electrical Permit required on all Gas Piping** **PERMIT FEE** _____

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| <p>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.</p> |
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 Contractor's Signature Date Print Applicant's Name

Buncombe County Permits & Inspections
 30 Valley Street
 Asheville, NC 28801
 Phone: 828-250-5360
 Fax: 828-250-6082

Permit Approved By: _____

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