

# MECHANICAL AND PLUMBING PERMIT APPLICATION

Town of Leland, North Carolina



102 Town Hall Dr., Leland, NC 28451  
www.townofleland.com

**Economic & Community Development**  
Phone 910-371-3754 Fax 910-371-1158

PERMIT # \_\_\_\_\_

**Plumbing Residential**  **Commercial**

**Mechanical Residential**  **Commercial**

**Project Type:** New Construction  New Equipment  Change Out  Sprinkler System

Other \_\_\_\_\_

**Location:** Parcel # \_\_\_\_\_ House # \_\_\_\_\_ Street \_\_\_\_\_ Subdivision \_\_\_\_\_

**Owners Name:** \_\_\_\_\_ **Business Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Name of Contractor/Agent** \_\_\_\_\_ **Contractors License Number** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Mechanical/Plumbing Information:

### Plumbing

Number of: Lavatories \_\_\_\_\_ Water Closets \_\_\_\_\_ Sinks \_\_\_\_\_ Tub/Showers \_\_\_\_\_ Total # of traps \_\_\_\_\_

Water Heaters: Give Number \_\_\_\_\_  Electric  Gas

### Gas

No  Yes  Number of Taps: \_\_\_\_\_

(Please provide piping diagram including material type, sizes, fuel type, pressure and table used for calculations.)

### HVAC

Tonnage \_\_\_\_\_ Number of Units \_\_\_\_\_

**Fire Suppression**

Sprinkler System - Type \_\_\_\_\_ Number of Heads \_\_\_\_\_

Other: \_\_\_\_\_

Estimated Cost of Work \$ \_\_\_\_\_

**CERTIFICATION**

I (We) agree to conform to all Federal, State and local codes and ordinances. All materials will be kept presentable on the lot and all debris will be removed prior to issuance of a Certificate of Occupancy.

I (We) certify that the structure will be placed on the lot and will be conforming to all the set-back lines, yard requirements, and height limitation, required by the Town Of Leland zoning regulation.

I (we) agree that if work has not been started within six (6) months of permit issuance, or the work has ceased for a period of twelve (12) months, the permit will become void per North Carolina General Statute 160A-418. Fees are non-refundable

\_\_\_\_\_  
Owner/Contractor Signature

\_\_\_\_\_  
Owner/Contractor Printed Name

\_\_\_\_\_  
Date

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE  
N.C.G.S. § 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_, being the

Contractor  Owner  Officer/Agent of the Contractor or Owner, do hereby agree under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

\_\_\_\_\_ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

\_\_\_\_\_ has/have one or more subcontractor(s) and has/have their own policy of workmen's compensation covering themselves,

\_\_\_\_\_ has/have not more than two (2) employees and no subcontractors,

While working on the project for which this permit is sought, it is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit. As well as at any time during the permitted work from any person, firm or corporation carrying out the work.

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

Firm Name: \_\_\_\_\_

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

Title: \_\_\_\_\_