

# MECHANICAL/PLUMBING PERMIT APPLICATION



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

Planning and Inspections Department  
Phone 910-371-3754 Fax 910-371-1158

PERMIT #

**Plumbing** Residential  Commercial  **Project Type:**  New Construction  New Equipment

**Mechanical** Residential  Commercial   Change Out  Sprinkler System

Other \_\_\_\_\_

**Location:** Parcel# \_\_\_\_\_

Address \_\_\_\_\_ 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** \_\_\_\_\_

NC Dept. of Agriculture LP Gas Dealers License # \_\_\_\_\_

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: \_\_\_\_\_  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 conform to all the set-back lines, yard requirements, and height limitation required by the North Carolina State Building Code and the Town of Leland zoning regulations.

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, permit will become void per North Carolina General Statute 160A-418. Fees are non-refundable.

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

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

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: \_\_\_\_\_

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