

MECHANICAL CHANGEOUT 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 Information:

Fuel Source: Electric Gas (If Gas, please provide piping diagram including material type, sizes, fuel type, pressure and table used for calculations.)

HVAC: Tonnage _____ Number of Units _____

Estimated Cost of Work \$ _____

CONTRACTOR INFORMATION

Mechanical Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____
Authorized Agent: _____
Email: _____

Electrical Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____
Authorized Agent: _____
Email: _____

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: _____