Permit #_____

Swansboro Inspection Department
601 W. Corbett Ave.
Swansboro
Telephone: 910.326.4428 FAX: 910.326.3101

Mechanical Permit Application

Owner Name: _____Cell Phone: _____

Street: _____City_____State: _____ Zip: _____

Email: _____

Job Address: (physical): Street_____

City: _____State: _____ Zip: _____

Directions to property: _____

Contractor Name: _____Cell #: _____ License #_____

Mailing Address: Street_____

City: _____State: _____ Zip: _____

Email: _____

Project Cost: $_____ Type of Work (circle one): New OR Repair

Description of Work (circle one): Condenser/Air Handler *Ductwork*

_____

*Square Footage of Ductwork: _____

Any work that fails inspection requires a $60 reinspection fee. The fee must be paid PRIOR to reinspection.
Any work that begins without a permit will pay double fee

I certify that all information in this application is correct, and all work will comply with state and local codes, laws, and ordinances. The inspection department will be notified of any changes prior to work.

Owner/Agent Signature_____ Date _____

Email this application to Jackie Stevens: jstevens@ci.swansboro.nc.us

**************TOWN USE ONLY**************

ETJ_____ Town_____ Zoning_____ Flood_____ Historic District_____

Permit Fee: $_____