

Permit # _____

Swansboro Inspections Department
601 W. Corbett Ave
Swansboro

Telephone: 910.326.4428
Fax: 910.326.3101

New Mechanical Changeout

Owner Name: _____ Cell Phone: _____

Owner Address: _____ City _____ Zip _____

Job Address (physical): _____

Mechanical Contractor: _____ Lic. # _____

Mailing Address: _____

Cell # _____ Email: _____

Project Cost \$ _____ Type of Work (circle one) New or Repair

Description of work (Circle one): Condenser/Air Handler *Ductwork*

*Square footage of Ductwork _____

List Work _____

Electrical Contractor: _____ Lic. # _____

Mailing Address: _____

Cell # _____ Email: _____

Project Cost \$ _____ Type of Work (circle one) New or Repair

List Work _____

Size of Service AMPS: _____ Phase service _____

Power Company Provider: _____

*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 Stephanie Shepherd: SShepherd@ci.swansboro.nc.us

******* Town Use Only *******

ETJ _____ Town _____ Zoning _____ Flood _____ Historic District _____

Building Inspector _____ Town Planner _____ Permit Fee: \$ _____