

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 Linda Stegall: [lstegall@ci.swansboro.nc.us](mailto:lstegall@ci.swansboro.nc.us)**

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

ETJ \_\_\_\_\_ Town \_\_\_\_\_ Zoning \_\_\_\_\_ Flood \_\_\_\_\_ Historic District \_\_\_\_\_

**Permit Fee: \$ \_\_\_\_\_**