



TOWN OF CALABASH, NORTH CAROLINA

Post Office Box 4967 * 882 Persimmon Road * Calabash, NC 28467
Administration: (910) 579-6747 * Building Inspector: (910) 579-0500 * Fax (910) 579-5495
Web Address: www.townofcalabash.net * Email: towncalabash@atmc.net

HVAC PERMIT APPLICATION

Parcel # _____

Permit # _____

YOU MUST CALL THE INSPECTION DEPARTMENT TO SCHEDULE AN INSPECTION

Date _____ () Electrical () Mechanical () Other _____

ADDRESS OF WORK SITE: _____

PROPERTY OWNER NAME: _____

Owner contact numbers:(HOME) _____ (CELL) _____

MECHANICAL CONTRACTOR – PROVIDE THE FOLLOWING INFORMATION:

1. Description of proposed work: _____
2. Number of units: _____
3. Property use: Residential _____ Commercial _____
4. Interior only _____ Exterior only _____ Both interior and exterior _____
5. TOTAL TONNAGE (**COMMERICAL ONLY**) _____
6. Capacity of new unit _____ Capacity of old unit _____
7. Heat strips (kw) _____ () Heat pump () Air handler () Package unit () Central air ()
() Inside coil replacement with condenser

Mechanical Contractor Name/Company: _____

Address (Street + City/Zip): _____

Contact Numbers: Office _____ Cell _____ Fax _____

LICENSE and LEVEL _____ (NOTE: Your license will be verified with the state licensing board. Proposed work must be within the range of your level.)

H-1-I & H-1-II (steam vapor/hot water) H-2-I (>15 tons) H-3-I and H-3-II (< 15 tons) I=an structure II=single family

If the permit is granted, I hereby certify that all information is correct and that all work will comply with the NC State Building Codes, CAMA, applicable ordinances, local laws and regulations of the State of NC regulating such work. I hereby affirm that the foregoing statements are accurate and correct to the best of my knowledge.

SIGNATURE of license holder: _____

Print Name: _____

APPLICATION CONTINUES ON REVERSE SIDE

Electrical Contractor Name/Company: _____

Address (Street+City/Zip): _____

Contact Numbers: Office _____ Cell _____ Fax _____

LICENSE and LEVEL _____ (NOTE: Your license will be verified with the state licensing board. Proposed work must be within the range of your level.)

U= (any job/cost) I= (< \$110K) L= (<\$40K) SP-SFD & SP-PH (<\$40K) (extremely limited are SP-WP/SP-ES/SP-SP)

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SIGNATURE of license holder: _____

Print Name: _____

FOR OFFICE USE ONLY

License verification: _____

Application reviewed and approved by: _____

Date: _____

Comments: _____