

Town of Beaufort
Planning and Inspections
215 Pollock Street
Beaufort, North Carolina 28516
Office: (252) 728-2141 Fax: (252) 728-3982



MECHANICAL SYSTEM PERMIT APPLICATION

(For installation, extension, alteration, or general repair)

PROPERTY OWNER INFORMATION:

Name: _____
Mailing Address, City, State, Zip: _____
Home Phone: (____) _____
Work Phone: (____) _____
Cell Number: (____) _____
Construction Site Address: _____
Site Parcel Number: _____
***Point of Contact for Job:** _____ (Name) _____ (Phone)

CONTRACTOR'S INFORMATION:

All contractors must obtain a privilege license to perform work inside the Town limits.*

General Contractor's Name: _____
Contractor's Mailing Address: _____
Phone Number: (____) _____
Town's Privilege License #: _____
State's Privilege License #: _____
Town of Beaufort Privilege License #: _____

PERMIT INFORMATION:

Number of Units: _____
Number of Registers: _____
Number of BTU's: _____
Tonnage: _____
Number of Heads: _____

Total Estimated Value: \$ _____

Detailed Description of Work: _____

PLEASE READ BEFORE SIGNING

The applicant hereby certifies that the information as shown on this application, plans, and specifications that have been submitted, are correct and true to his or her knowledge. The applicant also agrees to comply with the said information as approved, with the provisions of all ordinances and building codes in the State of North Carolina, County of Carteret, and the Town of Beaufort. Misinformation, lack of information, or statements made in error or falsehood could result in the permit being revoked, and will subject the application to litigation in the process. Demolition must begin within 6 months of the permit issue date, unless other restrictions apply, or the permit becomes null and void.

Owner/Contractor

Date