

AVEY COUNTY INSPECTIONS & PLANNING DEPARTMENT
P.O. BOX 596
NEWLAND, NC 28657
TELEPHONE: (828) 733-8204
FAX: (828) 733-7003

MECHANICAL PERMIT APPLICATION

OWNER'S NAME: _____

ADDRESS: _____

TOWNSHIP: _____

PROJECT INFORMATION

LOCATION OF PROJECT: _____

DESCRIPTION OF WORK: _____

PROJECTED COST: _____

CONTRACTOR NAME: _____

TELEPHONE NO.: _____

ADDRESS: _____

LICENSE #: _____ CLASSIFICATION _____

DESIGN PROFESSIONAL: _____ TELEPHONE: _____

ARCHITECT ENGINEER NC REG. # _____

OWNER OTHER

ADDRESS _____

FEE: _____ PAID: _____

OWNER/CONTRACTOR: _____ DATE _____

COUNTY OF AVERY
BUILDING INSPECTIONS DEPARTMENT
AVERY COUNTY COURTHOUSE ANNEX

P.O. Box 596
Newland, NC 28657

Telephone: 828 733-8204
Fax: 828 733-~~8216~~

733-7003

HEAT & AIR CONDITIONING CONTRACTOR LICENSE CHECK & REGULATION SHEET

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

N.C. STATE LICENSE NUMBER: _____

PROJECT INFORMATION

PROPERTY OWNER: _____

LOCATION OF JOB: _____

BUILDING OR UNIT: _____

I, the undersigned, have read and understand the N.C. General Statutes pertaining to Heat & Air Conditioning Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of a heating and air conditioning contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the Avery County Department of Inspections immediately by phone or in person, and in writing within three (3) working days.

SIGNATURE: _____

DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____.

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____

COUNTY OF AVERY
BUILDING INSPECTIONS DEPARTMENT
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ELECTRICAL CONTRACTOR LICENSE CHECK & REGULATION SHEET

ELECTRICAL CONTRACTOR INFORMATION

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

N.C. STATE LICENSE NUMBER: _____

PROJECT INFORMATION

PROPERTY OWNER: _____

LOCATION OF JOB: _____

BUILDING OR UNIT NO: _____

I, the undersigned, have read and understand the General Statutes pertaining to electrical contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of an electrical contractor upon this project. If I resign or am no longer affiliated with this said project, I will notify the Department of Inspections in Avery County immediately by phone or in person and in writing within three (3) working days.

SIGNATURE: _____ DATE: _____

Sworn to and subscribed before me this _____ day of _____ 199__.

Notary Public

Date

My commission expires: _____.