CUMBERLAND COUNTY PLANNING & INSPECTION DEPT.

APPLICATION FOR PERMIT

PO DRAWER 1829, FAYETTEVILLE, NC 28302-1829

(910)321-6666 FAX (910)321-6637

__Electrical ____Mechanical

Plumbing

www.co.cumberland.nc.us/planning.aspx

NOTE: Incomplete applications will not be processed

WORK PERFORMED ON A: NEW STRUC	TURE A	ODITION_	_ EXISTING	STRUCTURE
PROJECT ADDRESS				Zip
Subdivision/Development		Lot	Bldg	Unit
Directions:				
PROPERTY OWNER		Phone	#	
Prop. Owner's Address		City	State	Zip
CONTRACTOR	Pho	Phone # Lic		e #/Class
Contractor Address	City	St	_ Zip Licens	se #/Class
ELECTRICAL Structure is (circle): RESIDENTIA	AL MULTI-FAMIL	Y COMMI	ERCIAL-Provide Contr	ract Cost \$
Temp Service-Res/Com (\$35) \$	Sw Ap #0	mming Pool pliance or M f Add'l App	nange: amps (\$4 ls (\$40) lechanical System (\$3 liances/Systems: actor for this installat	\$ 35)
DESCRIBE WORK IN DETAIL BELOW:			TOTAL FEI	E: \$
MECHANICAL Structure is (circle): RESIDENTI	AL MULTI-FAMI	Y COMM	ERCIAL-Provide Cont	ract Cost \$
Gas Piping includes 3 outlets (\$35)\$x \$6 \$x \$6 \$	(p Ga (j	er system/or s Pack-New/ er system/or	w/Change Out (\$40) any part thereof) Change Out (\$40) r any part thereof) New/Change Out (\$40	\$ \$
Commercial-All work \$NEW OR EXISTING DUCT WORK (circle-on	Fu	nace-New/C	Change Out (\$40) or for mech. installat	\$
DESCRIBE WORK IN DETAIL BELOW:			TOTAL FI	EE: \$
PLUMBING Structure is (circle): RESIDENTI	AL MULTI-FAMI	Y COMM	ERCIAL-Provide Cont	ract Cost \$
	# I Otl	Baths, or par er fixtures:	artial bath (\$35) rtial baths, over 1: #x \$6 n line below)	x \$10 \$ \$
DESCRIBE WORK IN DETAIL BELOW:			TOTAL FE	CE: \$
I hereby certify that all information in this applicati and all other applicable State and local laws, ordina any changes in the approved plans and specification	nces and regulations.	The Planning	oly with the North Caro	lina State Building Co
Applicant Signature	Pr	nted Name		Date
Payment ma PURSUANT TO NCGS 25-3-506, A PI	ny be made by cash, ch ROCESSING FEE WILL			O CHECKS
Inspector Approval:	Date:			03

CUMBERLAND COUNTY PLANNING & INSPECTION DEPT.

HOMEOWNER CERTIFICATION

This is to certify that I,		;
•	Print Name	
personally own <u>and</u> r	eside in the residence located	d at:
Street Address:		
City/State/Zip:		
Subdivision:		
I wish to perform the v (Check any that are app	vork on my personal residenc plicable)	ce as noted below:
Electrical	Plumbing	Mechanical
-	· ·	espections, making any corrections and paid in full prior to final inspections.
someone else, that indaccordance with North	ividual must be properly licer Carolina General Statutes. F	the work myself and choose to hire ensed and must obtain their own permit in Failure to comply with these Statutes may. It will further result in my permit(s)
Attested to, this date _	·	
Applicant:	D	Day Phone No

Application—PME4-06