

**APPLICATION
CITY OF GRAHAM
MECHANICAL PERMIT**

BUILDING PERMIT #: _____

DATE: _____

Contractor: _____

New/Existing: _____

Phone: _____

Residential/Commercial: _____

License #: _____

Owner: _____

Address: _____

Architect/Engineer: _____

Furnace: _____

Air Conditioner: _____

Condensing Unit: _____

Heat Pump: _____

Package Unit: _____

Split System: _____

Gas Pack: _____

Hood System: _____

Other: _____

ESTIMATED COST: _____

FEE: _____

The applicant hereby agrees to begin the work herein specified at once and agrees to notify the City of Graham Inspection Department immediately upon completion so a final inspection can be scheduled as required by law.

contractor's signature

Call Inspection Department at 336 570-6705 to obtain permit fee.

Mail completed form with check to: City of Graham
Inspection Department
P O Drawer 357
Graham NC 27253