



# Application for a MECHANICAL PERMIT

P.O. Drawer 357  
201 South Main Street  
Graham, NC 27253  
(336) 570-6705  
Fax (336) 570-6703  
www.cityofgraham.com

## Location

Street Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Building Permit #, if applicable: \_\_\_\_\_

- New building
- Existing building
- Single Family or Duplex
- Commercial or Multifamily

## Type of Mechanical Work

Complete all that apply.

- Ansul Test on Hoods
- Duct Test (smoke)
- New Gas Line
- Changeout (Electrician \_\_\_\_\_)

Indicate number of each type of unit:

- \_\_\_\_\_ Furnace (size \_\_\_\_\_)
- \_\_\_\_\_ Heat Pump (size \_\_\_\_\_)
- \_\_\_\_\_ Gas Pack (size \_\_\_\_\_)
- \_\_\_\_\_ Air Conditioner (size \_\_\_\_\_)
- \_\_\_\_\_ Package Unit (size \_\_\_\_\_)
- \_\_\_\_\_ Hood System (size \_\_\_\_\_)
- \_\_\_\_\_ Condensing Unit (size \_\_\_\_\_)
- \_\_\_\_\_ Split System (size \_\_\_\_\_)
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

Cost of Work \$ \_\_\_\_\_

## Contractor

Contractor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Lic. # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Applicant and Project Contact

Name: \_\_\_\_\_

Property Owner  Contractor

Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

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

I agree to conform to all applicable laws and ordinances of the City of Graham and the State of North Carolina and further state that all statements made herein are true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Certificate of Occupancy will be required prior to occupying the premises

FOR OFFICE USE ONLY	
Total # Units:	Remarks:
Fee \$	