



MECHANICAL PERMIT APPLICATION

CATAWBA COUNTY PERMIT CENTER

25 Government Dr. / P.O. Box 389, Newton, NC 28658

Phone 828-465-8399 | Email: permitapps@catawbacountync.gov

PROPERTY INFORMATION

EXISTING PERMIT #: _____

Property Address: _____ Parcel #: _____

Property Owner Name: _____ Telephone: _____

Mailing Address: _____ Fax: _____

City, State, Zip: _____ Email: _____

CONTRACTOR INFORMATION

Contractor Name: _____ Telephone: _____

Applicant Name: _____ Telephone: _____

Mailing Address: _____ Fax: _____

City, State, Zip: _____ Email: _____

State License #: _____ Classification: _____ Federal ID#: _____

PROJECT INFORMATION

Brief Description of Work: _____

Scope of Project:

Residential Commercial

Install Appliance # of appliances: _____

Install System/Equipment # of systems/equipment: _____

Fireplace: New Prefab Wood New Prefab Gas New Masonry New Wood Stove

Ventilation Exhaust Fan Only

Gas Line: pressure test required Type of Gas: natural propane

Other: _____

Total Cost of Mechanical Work: _____ *Total AC Tonnage in Building: _____

*For new installation or change outs, all units for the same building, where conditioned air communicates, must be added together for total tonnage.

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Codes and all other applicable state and local laws, ordinances, and regulations. I understand that a Certificate of Compliance is required prior to occupying the premises, and I will notify the Building Services Department of any changes in the approved plans and specifications for the permitted project.

Mechanical Contractor's Signature

Mechanical Contractor's Name (print or typed)

Date