City of Sanford / County of Lee / Town of Broadway

MECHANICAL PERMIT APPLICATION

115 Chatham Street, Sanford, NC 27330

Telephone (919) 718-4654 www.sanfordnc.net Fax (919) 718-4636

APPLICATION DATE:_____ ☐ **Stand Alone Permit?** ☐ **New Construction? BldgPermit#:**_____

CONSTRUCTION ADDRESS:_____**PARCEL #:**_____

OWNER NAME:_____**PHONE #:**_____

OWNER ADDRESS (*If different from Construction Address):*_____

CONTRACTOR NAME:_____**PHONE #:**_____

CONTRACTOR ADDRESS:_____**PIN#:**_____

(Note: Need PIN# in order to mail in application!)

Type: **Tons:**

DESCRIBE TYPE & SIZE OF UNIT(S) TO BE INSTALLED / REPAIRED:_____

****PLEASE NOTE THAT A SEPARATE ELECTRICAL PERMIT MAY BE REQUIRED FOR MECHANICAL INSTALLATIONS****

☐ RESIDENTIAL:

☐ Items Not Shown	$60	☐ Gas Pack	$70 each
☐ Changeouts -Air Handler or Condenser **NOT HEAT PUMPS**	$60 per unit	☐ Gas Piping/Gas Pressure Test ☐ Per Additional Unit	$40/1st unit *plus* $8.00 per add. Unit
☐ Ductwork Additions	$60	☐ Heatpump	$75 each
☐ Gas Accessories (Dryer/Range/Grill/Etc.) (If Etc. above, Please Explain)	$50 each	☐ Single Air Conditioning Unit	$60 each
☐ Gas Heating Unit w/ A/C Unit (1 System)	$75 each	☐ Single Heating Unit (Electric or Gas)	$60 each
☐ Gas Logs/Fireplace	$50 each		

☐ COMMERCIAL:

☐ **Basic Fee** **PLUS ANY OF THE FOLLOWING THAT APPLY:**	**$60** **PLUS ANY OF THE FOLLOWING THAT APPLY:**	☐ Gas Piping/Pressure Test	*****$40 / 1st Unit *plus* $8.00 Per Additional Unit
☐ Boilers ☐ Chillers ☐ Gas Pack ☐ Heat Pump ☐ Refrigeration	*(Up to 15 tons) $9 per ton (16 tons & up) Total above plus $3.00 per ton thereafter	☐ Ductwork Additions	$60.00
☐ Gas Appliances ☐ Gas Heating Unit ☐ Gas Heating Unit w/ A/C Unit (1 System)	*****$3.00 per 10,000 BTU's	☐ Canopy Hood ☐	$60.00 each Canopy Hood
(For calculation purposes: • Horsepower to BTU: 1 HP = 33,475 BTU • 12,000BTU = 1 Ton)		☐ Changouts (Air Handler/Outdoor Condensers)	$60.00 per unit

TOTAL FEE:_____

PLEASE NOTE: IF THE QUALIFIER OF THE LICENSE BELOW WILL NOT APPEAR IN PERSON TO OBTAIN PERMIT, THE OPPOSITE SIDE OF THIS APPLICATION MUST BE COMPLETED!

I hereby certify that the information on this application is correct and that all work in connection with the above referenced job will be performed under my supervision and that such work complies with the requirements of the NC State Building Codes and applicable City of Sanford or Lee County Ordinances. Call for inspection at proper stage of work.

_____ _____ _____

CONTRACTOR / APPLICANT **DATE** **LICENSE NUMBER**

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MECHANICAL PERMIT APPLICATION

900 Woodland Avenue, Sanford, NC 27330

Telephone (919) 718-4654 www.sanfordnc.net Fax (919) 718-4637

The City of Sanford/Lee County Inspection Departments require the licensee of a contracting firm to personally appear in our office to submit and pay for permits. Although not recommended, we understand that sometimes it is not always feasible for the licensee to comply. In the event this happens, the following must be completed by the licensee, signed, notarized and returned to this office allowing a bonafide employee of your company to purchase a mechanical permit under your license number for the following address:_____

DATE:_____

What type of license do you possess?

_____Building N.C. License Number:_____
_____Electrical N.C. License Number:_____
_____Plumbing N.C. License Number:_____
_____Mechanical N.C. License Number:_____
_____Other N.C. License Number:_____

Contractor's Name:_____Business Name:_____

Contractor's Business Address:_____

Telephone Number:_____Fax Number:_____

_____
SIGNATURE OF LICENSEE (QUALIFIER)

*******ATTACH A COPY OF YOUR UPDATED LICENSE TO THIS APPLICATION.*************************

I, _____, a Notary Public for _____County and the State of North Carolina do hereby certify that
_____, personally appeared before me this date and acknowledged the due execution of the foregoing instrument.
Witness my hand and official seal, this the_____day of _____, 20_____.

_____
Notary Public Signature

(SEAL)

My Commission Expires_____

Please list the bonafide employees' name that you desire to allow to purchase the aforementioned permit under your license number. The licensee is liable for all work performed under the license number listed above and by the permit issued by this office.

_____
Bonafide Employees' Name (Please Print)