

**SURRY COUNTY INSPECTION DEPARTMENT
122 HAMBY RD
DOBSON, NC 27017**

PHONE: 336-401-8300
FAX: 336-401-8320

MECHANICAL/GAS APPLICATION

This signed application will become

Permit # _____

DATE _____

Name of Owner _____ 911 Address _____

Phone Number (H) _____ (W) _____ (M) _____

Renter's Name (If Applicable) _____

City _____ State _____ Zip _____

Directions to Property _____

EXISTING BUILDING PERMIT N.(If Applicable) _____

NOTE: (A) To avoid an extra \$30 fee, if building will be locked, give location where inspector may find key.

(B) This permit must be issued by this office before any work is performed or any inspection done.

Job Description:

NEW INSTALLATION: Oil () Gas () Electric () CHANGE OUT: Oil () Gas () Electric ()

Gas Logs () Are Gas Logs: Vented () Unvented () Other (Describe) _____

Site Built Home () Modular Home () Manufactured (Mobile) Home () Commercial ()

Location of Piping: Inside () Outside () _____

Will this Work Involve an Electrician Yes () No () If Yes, Name of Electrician _____

DO NOT WRITE WITHOUT AN ATTACHED COPY OF LOAD CALCULATION

Contractor Name (as on License) _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Phone No. _____ License No. _____ Class I () Class II ()

I hereby certify that all information in this application is correct to the best of my knowledge and that all work will comply with the N.C. State Building Code and all other State and Local Laws, Ordinances and Regulations. I will notify the Surry County Inspections Department of any changes in the approved plans and specifications for the project permitted herein. My signature gives consent for Inspection Department personnel to enter this property for the purpose of conduction necessary inspections.

Applicant's Signature _____ Date _____

Printed Name _____

Approved By _____ Date _____