

PHONE: 336-401-8300
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SURRY COUNTY INSPECTION DEPARTMENT
PERMIT APPLICATION
MECHANICAL / GAS INSPECTION

Permit # _____

DATE _____

Name of Owner _____ Address _____

City _____ State _____ Zip _____ Phone No. _____

Township _____ Location of Property _____

IF THIS APPLICATION IS TO BE A PART OF AN EXISTING BUILDING PERMIT, INCLUDE THE EXISTING PERMIT NUMBER. PERMIT No. _____

- NOTE: (A) All inspections shall be prepaid prior to inspection.
(B) To avoid an extra \$30. fee, if building will be locked, give location where inspector may find key.
(C) This application must be filed with this office before any inspection will be done.

Job Description:

NEW INSTALLATION: Oil Gas Electric CHANGE OUT: Oil Gas Electrical

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

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

Other (Describe) _____

Location of Piping: Inside Out-Side Other Work (Describe) _____

List other Contractors (if any) involved in Mechanical / Gas work on this job _____

State the other Contractors involvement (if applicable) _____

Will this work involve an Electrician? Yes No If Yes, Name of Electrician _____

Contractor Name _____

Address _____ City _____ State _____ Zip _____

Phone No. _____ License No. _____

Bring This Application Along With Drawings & Plans, And Payment To:

SURRY COUNTY INSPECTION DEPARTMENT
118 HAMBY RD. SUITE 144
DOBSON, N.C. 27017
MAKE CHECKS PAYABLE TO: COUNTY OF SURRY

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 conducting necessary inspections.

Applicant's Signature _____ Date _____

Approved By _____ Date _____