

Town of Emerald Isle

MECHANICAL PERMIT APPLICATION

Phone (252) 354-3338 FAX (252) 354-5387

ADDRESS OF WORK TO BE PERFORMED: _____

CONTRACTOR NAME: _____

CONTRACTOR LICENSE # : _____

CONTRACTOR ADDRESS: _____

CONTRACTOR'S SIGNATURE: _____

PHONE #: _____

EMAIL ADDRESS: _____

SCOPE OF WORK: _____

DESCRIPTION OF SYSTEM: _____ TON: _____

MAX. OVERLOAD PROTECTION AMP: _____

LOCATION OF UNITS: _____

NAME OF HOMEOWNER: _____

HOMEOWNER PHONE #: _____

**PLEASE BE ADVISED: CONTRACTOR IS RESPONSIBLE
TO MAKE ARRANGEMENTS FOR HOME/BUSINESS TO BE
OPEN AND AVAILABLE FOR INSPECTION.**