

Mechanical Permit Application

Town of Topsail Beach
820 S. Anderson Blvd
Topsail Beach, NC 28445
Phone (910)328-5841 Fax (910)328-1560

Please Fill Out COMPLETELY

Date: _____ **Project Address:** _____

Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Telephone#: _____

Mechanical Contractor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone#: _____ Cellular#: _____

Email: _____ Expiration: _____

State License #: _____ Contact #: _____

Signature: _____ Date: _____

Occupancy Type: Residential: _____ Commercial _____

Estimated Cost of Project _____ Square Footage _____

For Installation of: BTU _____ KW/TON _____

Heat Pump-Split System _____ Gas Lines: _____

Package Unit: _____ Gas Pack: _____

Hood Systems: _____ Boiler: _____

Warm Air Furnaces: _____ Other: _____

Description of Work: _____

For Office Use Only

Additional Comments _____

Building Inspector _____ Mechanical Fee _____

Date Approved _____ Additional Fees _____

Receipt # _____ TOTAL RECEIVED _____