CUMPERIAND COUNT			OPPOTION	DEDT
CUMBERLAND COUN	IY PLA	NINING & IN	SPECTION .	DEPT

PO DRAWER 1829, FAYETTEVILLE, NC 28302-1829 (910)321-6636 FAX (910)321-6637

www.co.cumberland.nc.us/planning.asp

**APPLICATION FOR PERMIT** 

Electrical \_\_\_\_Mechanical

Plumbing

NOTE: Incomplete applications will not be processed

WORK PERFORMED ON A: NEW STRUCTURE_	_ ADDITION	EXISTING STRUCTURE_		
PROJECT ADDRESS	City	Zip		
Subdivision/Development	Lot	Bldg Unit		
Directions:				
PROPERTY OWNER	Phone #	/		
Prop. Owner's Address	City	State Zip		
CONTRACTOR	Phone #	License #/Class		
Contractor Address	City	StateZip		
ELECTRICAL Structure is (circle): RESIDENTIAL MU	LTI-FAMILY COMMERCIA	AL-Provide Contract Cost \$		
Temp Service-Res/Com (\$35)\$Power Off-Reinspect (\$35)\$Renovation/Room Add. (\$40)\$Multi-Family, # of units x \$46\$Commercial-All work\$	Service-New/Change Swimming Pools (\$40 Appliance or Mechan # of Add'l Appliance Mechanical Contractor	)) \$ nical System (\$35) \$ es/Systems:x \$6 \$		
DESCRIBE WORK IN DETAIL BELOW:		TOTAL FEE: \$		
MECHANICAL Structure is (circle): RESIDENTIAL MU	ULTI-FAMILY COMMERCI	AL-Provide Contract Cost \$		
Gas Piping includes 3 outlets (\$35)\$    # of outlets over 3:x \$6   First Appliance (\$35)    # of Add'l appliances:x \$6   Multi-Family, # of units x \$46   Commercial-All work	Heat pump-New/Cha (per system/or any ) Gas Pack-New/Chan (per system/or any Air Condition-New/C Furnace-New/Chang Electrical Contractor fo	part thereof)    ge Out (\$40)  \$    part thereof)    Change Out (\$40)  \$    e Out (\$40)  \$		
DESCRIBE WORK IN DETAIL BELOW:		TOTAL FEE: \$		
PLUMBING  Structure is (circle):  RESIDENTIAL  MU   Water (\$35)  \$  \$  \$   Water & Sewer (\$40)  \$  \$  \$	One Bath, or partial	bath (\$35) \$ aths, over 1: x \$10 \$ _x \$6 \$		
DESCRIBE WORK IN DETAIL BELOW:		TOTAL FEE: \$		
I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable State and local laws, ordinances and regulations. The Planning and Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.				
Applicant Signature	Printed Name	Date		
Payment may be made by cash, check, Mastercard or Visa. PURSUANT TO NCGS 25-3-506, A PROCESSING FEE WILL BE CHARGED FOR ALL RETURNED CHECKS				
Inspector Approval: D	Date:		3/09	

## CUMBERLAND COUNTY PLANNING & INSPECTION DEPT.

## HOMEOWNER CERTIFICATION

This is to certify that I,		
	Print Name	
personally own <u>and</u> re	side in the residence locate	d at:
Street Address:		
City/State/Zip:		
Subdivision:		
I wish to perform the we (Check any that are app	ork on my personal residend licable)	ce as noted below:
Electrical	Plumbing	Mechanical
I understand I am resp	onsible for obtaining all in	espections, making any

## I understand I am responsible for obtaining all inspections, making any corrections and paying any call back fees. Any such fees must be paid in full prior to final inspections.

I further understand that **if I decide not to perform the work myself and choose to hire someone else**, that individual must be properly licensed and must obtain their own permit in accordance with North Carolina General Statutes. Failure to comply with these Statutes may result in action by the appropriate Licensing Board. It will further result in my permit(s) being revoked.

Attested to, this date \_\_\_\_\_\_.

Applicant:	Day Phone No
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Application—PME4-06