${\bf CUMBERLAND} \; {\bf COUNTY} \; \; {\bf PLANNING} \; \& \; {\bf INSPECTION} \; {\bf DEPT}.$

APPLICATION FOR PERMIT

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

<u>Electrical</u> <u>Mechanical</u> <u>Plumbing</u>
NOTE: Incomplete applications will not be processed

		•		
WORK PERFORMED ON A: NEW STRUCTURE ADDIT	ON EXI	ISTING STRUCTURE		
PROJECT ADDRESS	C	ity	Zip	
Subdivision/Development	_ Lot	Bldg	Unit	
Directions:				
PROPERTY OWNER	Phone #	<u> </u>		
Prop. Owner's Address	City	State	Zip	
CONTRACTOR	Phone #	License	#/Class	
Contractor Address	City	State	Zip	
ELECTRICAL Structure is: RESIDENTIAL MULTI-FAMILY	_ COMMERO	CIALProvide Contrac	et Cost \$	
Temp Service (\$35) \$ Service-New/Change: amps (\$40) \$ Serv. Disconnect-Reinspect(\$35) \$ Swimming Pools (\$40) \$ Appliance or Mechanical System (\$35) \$ Multi-Family, # of units x \$46 \$ # of Add'l Appliances/Systems: x \$6 \$ Commercial-All work \$ TOTAL FEE: \$ Required-Detail work/equipment:				
MECHANICAL Structure is: RESIDENTIAL MULTI-FAMILY				
# of outlets over 3:x \$6	(per system/or leat pump/Gas	placement (\$40) any part thereof) Pack (\$40 per system) EE: \$	\$ \$	
Required-Detail work/equipment:				
PLUMBING Structure is: RESIDENTIAL MULTI-FAMILY	COMME	RCIALProvide Contrac	et Cost \$	
Sewer (\$35)	# Baths, or part Other fixtures: #	rtial bath (\$35) tial baths, over 1: #x \$6 FEE: \$	\$	
Required-Detail work/equipment:				
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	
Method of Payment: Cash Check Visa MasterCard_ Ac Billing Address: St# Zip Code				

PURSUANI IU) NCGS 25-3-506, A \$25 PROCESSING FEE WILL F	BE CHARGED FOR ALL RETUI	RNED CHECKS
COMMENTS:			
	Inspector Approval:		Date:
	CUMBERLAND COUNTY PLANNING	& INSPECTION DEPT.	
	HOMEOWNER CERT	IFICATION	
This is to certify that	: I,	,	
•	I,Print Name	,	
personally own <u>and</u>	reside in the residence located a	at:	
Street Address: _			
City/State/Zip: _			
Subdivision: _			
I wish to perform the (Check any that are a	e work on my personal residence applicable)	as noted below:	
Electrical	Plumbing	Mechanical	
	esponsible for obtaining all insp k fees. Any such fees must be po		
someone else, that in accordance with Nor	that if I decide not to perform t ndividual must be properly licens th Carolina General Statutes. Fa e appropriate Licensing Board.	sed and must obtain ilure to comply with	their own permit in these Statutes may
Attested to, this date	·•		

By:_____ Day Phone No. _____

Application—PME3-04