



# MECHANICAL, ELECTRICAL, OR PLUMBING PERMIT APPLICATION

**Polk County Building Inspections**  
35 Walker St., Post Office Box 308  
Columbus, NC 28722

Telephone 828-894-3739  
Fax 828-894-2913  
Office Hours 8am – 4:30pm M - F

**Description of work to be performed:** \_\_\_\_\_

**Directions to job site from Columbus:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Name(s) of Property owner:** \_\_\_\_\_

Mailing Address of owner: \_\_\_\_\_

Telephone Number of owner: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

**Property Use:**     Single Family     Two Family     Apartment     Other \_\_\_\_\_

**Name of Occupant/Tenant:** \_\_\_\_\_



**Utility Company Serving Job Site:** \_\_\_\_\_

**Contractor's Name As It Appears on N.C. State License:** \_\_\_\_\_

Name of QUALIFIER ON License: \_\_\_\_\_

N.C. Electrical License Number: \_\_\_\_\_ CONTACT PHONE# \_\_\_\_\_

N.C. Plumbing License Number: \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_

N.C. Mechanical License Number: \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ FAX # \_\_\_\_\_

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

**Signature of Qualifier and/or Authorized Applicant:** \_\_\_\_\_

**Print name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Title of Authorized Applicant:** \_\_\_\_\_



MAIL COMPLETED APPLICATION & CHECK TO THE ATTENTION OF THE **BUILDING INSPECTION OFFICE**. WE WILL FAX (IF FAX # IS PROVIDED) OR MAIL YOUR PERMIT & MONEY RECEIPT BACK TO YOU.

**MECHANICAL, ELECTRICAL, OR PLUMBING PERMITS ARE \$75.00**

→ MAKE CHECK PAYABLE TO: **BUILDING INSPECTION DEPT.**

OFFICE USE ONLY    FEE \$ \_\_\_\_\_    LOCATION # \_\_\_\_\_    TAX MAP/PARCEL # \_\_\_\_\_ - \_\_\_\_\_    PERMIT# \_\_\_\_\_

APPLICATION APPROVED BY \_\_\_\_\_ DATE APPLICATION APPROVED \_\_\_\_\_