



COUNTY OF RANDOLPH
 Department of Building Inspections
 204 E Academy St • Asheboro, NC 27204-0771

MECHANICAL PERMIT APPLICATION

Date: _____
 Parcel number: _____
 Application number: _____

Job contact name: _____
 Job contact phone number: _____
 Job contact e-mail: _____

Owner: _____
 Address: _____
 City, ST ZIP: _____

LOCATION INFORMATION:

Address of work site: _____

CONTRACTOR INFORMATION:

Contractor: _____
 Phone number: _____ License number: _____

HVAC INFORMATION:

Type of Use (select one): _____
 Type of Structure (select one): _____
 Class of Work (select one): _____
 Type of Fuel: _____ Heated Area 1st Floor (sq. ft.): _____
 Type of System: _____ Heated Area 2nd Floor (sq. ft.): _____
 Gas line: _____ Heated Area 3rd Floor (sq. ft.): _____
 Regulator pressure: _____ Total Heated Area (sq. ft.): _____
 Number of HVAC units: _____ Same Contractor Doing Electrical: _____
 Electrical License #: _____

DESCRIPTION OF WORK/ COMMENTS: _____

***** MECHANICAL INSTALLATION SHALL MEET ALL APPLICABLE STATE BUILDING CODES. *****

The undersigned contractor does hereby affirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- _____ has/have three (3) or more employees and have obtained Workers' Compensation insurance to cover them,
- _____ has/have one or more subcontractor(s) and have obtained Workers' Compensation insurance covering them,
- _____ has/have one or more subcontractor(s) who has/have their own policy of Workers' Compensation covering themselves,

LOCAL TELEPHONE NUMBER
 Asheboro: (336) 318-6565

<http://www.randolphcountync.gov>

_____ has/have not more than two (2) employees and no subcontractors,

while working on the project for which the permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of Workers' Compensation insurance prior to issuance of the permit and ***at any time during the permitted work from any person, firm or corporation carrying out the work.***

The undersigned hereby makes application as designated above, and agrees to all applicable laws of Randolph County, the State of North Carolina and any valid, applicable restrictive covenants/deed restrictions on the property where the construction will occur. The undersigned further states that all statements made hereon are true.

Signature of Contractor or Owner

***Any disagreement with a decision made by a Building Safety Official
may be brought before the Director of Building Inspections for review.
You can schedule an informal internal review at (336) 318-6595.***