



Richmond County Building Inspection Department

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Rockingham, NC 28379

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Telephone: (910) 997-8204

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Mechanical Permit Application

Please indicate below the date that the job will be ready to be inspected. If you are not sure of date, please indicate that you will be calling for inspection later.

Will call for Inspection ____ yes

Estimated date to be inspected _____

Owner/Project Name: _____

Owner/Project Address: _____

Phone Number: _____

Residential

Commercial

Project Cost: _____

New

Change Out

No. of Units: _____

Tonnage: _____

BTU's: _____

Gas Piping? _____

Exhaust Hood

Fire Suppression sys

No. of Refrigeration Equip: _____

No. of Fan Coil units, Exhaust Fans, etc: _____

Mechanical Contractor: _____

Address: _____

Phone #: _____

Email: _____

State License #: _____

Electrical Contractor: _____

Address: _____

Phone #: _____

Email: _____

State License #: _____

Signature: _____

I hereby certify that the above statements are true, and all work is being performed under the State License number above.

Contractor's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

Permits expire after 6 months of issuance if work has not commenced or if work has discontinued for a period of 12 months from last inspection.