



# City of Boiling Spring Lakes

9 East Boiling Spring Road Boiling Spring Lakes, NC 28461

Phone ~ 910-363-0025 Fax ~ 910-363-0029 Web page ~ [www.cityofbsl.org](http://www.cityofbsl.org)

Permit # \_\_\_\_\_

## Mechanical/Electrical/Plumbing ~ Permit Application and Permit

Application Date: \_\_\_\_\_

Type of Structure:  RESIDENTIAL  NON-RESIDENTIAL  
Project Type:  New Construction  Existing Building  Accessory Structure

### Project Information:

Property Owner's Name \_\_\_\_\_ Owner's Phone Number \_\_\_\_\_  
Project Location \_\_\_\_\_ Parcel # \_\_\_\_\_

*Parcel numbers can be found on Brunswick County's GIS Website : <http://gis.brunasco.net/gisweb/gis.aspx/>*

Is this project located in flood zone? No \_\_\_ Yes \_\_\_ Zone Type \_\_\_\_\_

**Mechanical :** Contractor \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Inspection Location ~  Attic  Crawl Space  Outdoor  Other \_\_\_\_\_ BTU's \_\_\_\_\_ Air Ton's \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
 NC License # \_\_\_\_\_ Email: \_\_\_\_\_  
 Printed Name of Applicant/Agent \_\_\_\_\_ Signature of Applicant/Agent \_\_\_\_\_  
 Description of Work \_\_\_\_\_

No of Units \_\_\_\_\_ Heating Unit, Air Conditioning, Split Unit Space Heater or Gas Furnace \_\_\_\_\_  
 No. of Units \_\_\_\_\_ Heating Unit, Air Conditioning, Heating Pump Package Other \_\_\_\_\_  
 No. of Units \_\_\_\_\_ Heating Unit, Air Conditioning, Gas Pac Gas Lines \_\_\_\_\_

**Electrical :** Contractor Company Name \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
 NC License # \_\_\_\_\_ Email: \_\_\_\_\_  
 Printed Name of Applicant/Agent \_\_\_\_\_ Signature of Applicant/Agent \_\_\_\_\_  
 Description of Work \_\_\_\_\_  
 For New Service : Amperage \_\_\_\_\_ Voltage \_\_\_\_\_ Phase  Single  Phase 3 Is this a Reconnection?  Yes  No  
 For Change of Service only?  Yes  No Amperage from \_\_\_\_\_ to \_\_\_\_\_ Phase from \_\_\_\_\_ to \_\_\_\_\_  
 Any Additional Wiring  Yes  No (if yes please explain in work description)

**Plumbing :** Contractor Company Name \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
 NC License # \_\_\_\_\_ Email: \_\_\_\_\_  
 Printed Name of Applicant/Agent \_\_\_\_\_ Signature of Applicant/Agent \_\_\_\_\_  
 Description of Work \_\_\_\_\_  
**Potable Water Source:** \_\_\_\_\_ Well \_\_\_\_\_ County Water **Waste Water:** \_\_\_\_\_ Septic Tank \_\_\_\_\_ Sewer  
**Hot Water Heater:** \_\_\_\_\_ Electric \_\_\_\_\_ Gas

**Insulation:** Contractor \_\_\_\_\_ Fee \$ \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
 NC License # \_\_\_\_\_ Email: \_\_\_\_\_  
 Printed Name of Applicant/Agent \_\_\_\_\_ Signature of Applicant/Agent \_\_\_\_\_  
 Description of Work \_\_\_\_\_

~ Upon Approval This Will Become Your Permit ~

Application Approved for:  Mechanical \_\_\_\_\_  Electric \_\_\_\_\_  Plumbing \_\_\_\_\_  
Building Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

Sub Contractor's Total Permit Fee	\$ _____
(Fee Code 39)	

Payment Stamp