

**TOWN OF MOUNT OLIVE  
MECHANICAL PERMIT APPLICATION**

DATE: \_\_\_\_\_

NAME OF OWNER(S): \_\_\_\_\_

SUBDIVISION/MOBILE HOME PARK NAME: \_\_\_\_\_ LOT NO. \_\_\_\_\_

PERMANENT 911 ADDRESS: \_\_\_\_\_

RESIDENTIAL PROJECTS: NEW HOME CONSTRUCTION: \_\_\_\_\_ MOBILE HOME: \_\_\_\_\_

(NEW OR EXISTING) ON-FRAME MODULAR: \_\_\_\_\_ OFF-FRAME MODULAR: \_\_\_\_\_

ATTACHED GARAGE: \_\_\_\_\_ DETACHED GARAGE: \_\_\_\_\_

COMPLETION OF UNFINISHED BONUS ROOM OR AREA: \_\_\_\_\_

DETACHED STORAGE OR ACCESSORY BUILDING/SHOP/BARN: \_\_\_\_\_

ADDITION/RENOVATION/REPAIR TO AN EXISTING RESIDENCE: \_\_\_\_\_

ELECTRIC FURNACE: \_\_\_\_\_

INFORMATION ABOUT UNIT(S): # OF REPLACEMENT UNITS: \_\_\_\_\_ # OF NEW INSTALLS: \_\_\_\_\_

GAS PACK: \_\_\_\_\_ SPLIT HEAT PUMP: \_\_\_\_\_ HEAT PUMP PACKAGE: \_\_\_\_\_

TONAGE OF EACH UNIT: \_\_\_\_\_

GAS PIPING ONLY: \_\_\_\_\_ DUCT WORK ONLY: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMERCIAL/INDUSTRIAL PROJECTS: IF YES, TOTAL CONSTRUCTION COST: \$ \_\_\_\_\_

(SCHOOL, CHURCH, BUSINESS, FACTORY) PLEASE SPECIFY MECHANICAL ASPECT OF CONSTRUCTION: \_\_\_\_\_

**TOTAL MECHANICAL PERMIT FEE: \$ \_\_\_\_\_**

**1.) CREDIT CARD PAYMENT (VISA OR MASTER CARD ONLY) WORKING TO MAKE THIS AVAILABLE ONLINE**

THE INSPECTIONS DEPARTMENT HAS PERMISSION TO USE MY CREDIT CARD: YES \_\_\_\_\_ NO \_\_\_\_\_

CREDIT CARD NO.: \_\_\_\_\_

EXPIRATION DATE (MM/YY): \_\_\_\_\_

3 DIGIT CVV/CCID/V-CODE ON THE BACK OF CREDIT CARD: \_\_\_\_\_

BILLING ADDRESS OF CREDIT CARD: \_\_\_\_\_

**2.) CASH PAYMENT:**

YES, HOW MUCH? \_\_\_\_\_

NO CASH PAYMENT WILL BE USED: \_\_\_\_\_

**3.) CHECK PAYMENT:**

YES, HOW MUCH? \_\_\_\_\_

CHECK NO. \_\_\_\_\_ NO CHECK PAYMENT WILL BE USED: \_\_\_\_\_

\_\_\_\_\_  
CONTRACTOR/OWNER/BUSINESS LISTING WITH THE STATE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
NC LICENSE NO.

\_\_\_\_\_  
MOBILE NO.

\_\_\_\_\_  
WORK NO.

A RE-INSPECTION FEE OF \$60.00 WILL BE CHARGED FOR FIRST DENIAL \$60.00 EACH DENIAL THEREAFTER.

2 TIMES TOTAL PERMIT FEE – ONLY IF WORK IS STARTED BEFORE PERMIT IS ISSUED

TOWN OF MOUNT OLIVE INSPECTIONS DEPARTMENT CONTACT INFORMATION:

MAILING ADDRESS: P.O. BOX 939, MOUNT OLIVE, NC 28365

PHYSICAL ADDRESS: 114 E JAMES STREET, MOUNT OLIVE, NC 28365

PHONE NO.: (919) 658-9538 EXT. 111 OR 112 WEBSITE: TOWNOFMOUNTOLIVENC.ORG

COPY OF PERMIT WILL BE FAXED WHEN PROCESSED.

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ELECTRICAL PERMIT TO BE PULLED BY AN ELECTRICAL CONTRACTOR.