



Bryce A. Stuart Municipal Building
Suite 328, 100 E. First Street
Winston-Salem, NC 27101
P.O. Box 2511
Winston-Salem, NC 27102-2511

Phone: (336) 727-2624
Fax: (336) 747-9428

APPLICATION FOR MECHANICAL PERMIT FOR AN OWNER

Building /Parent Permit (if this permit will be linked) # _____

A Mechanical Affidavit by Property Owner is **REQUIRED** and should be submitted with this form.

Applicant Information: all related fields must be filled in

Address of Job _____

Property Owner Name _____

Email Address _____

Job Type/Case description: check one that applies

- | | |
|--|---|
| <input type="checkbox"/> Mechanical Change Out | <input type="checkbox"/> Mechanical Multi-Family New |
| <input type="checkbox"/> Mechanical Commercial Addition | <input type="checkbox"/> Mechanical New Commercial |
| <input type="checkbox"/> Mechanical Commercial Alteration/Repair | <input type="checkbox"/> Mechanical Residential Addition |
| <input type="checkbox"/> Mechanical Fireplace Only | <input type="checkbox"/> Mechanical Residential Alteration/Repair |
| <input type="checkbox"/> Mechanical Manufactured Home New | <input type="checkbox"/> Mechanical Single Family New |
| <input type="checkbox"/> Mechanical Modular Home New | <input type="checkbox"/> Mechanical Temporary Utility Permit |

Detailed description of work for this trade (required) _____

Fuel Type Electric Fossil Fuel *Excellence through Service*

BTU (# of units) _____ KWS (# of units) _____ A/C TONS (# of units) _____

Wall/Roof Exhaust < 10' Duct _____ Exhaust System (#) _____ Duct System (#) _____

Furnace (#) _____ Gas Outlets (#) _____

Applicant's Signature _____ Applicant's Phone _____

Date _____

This application would only be submitted by an owner doing the work that is currently occupying the location and plans to continue to occupy the location for 12 months after the work is complete.