



TOWN OF MOREHEAD CITY
PERMIT APPLICATION

TYPE OF PERMIT BEING APPLIED FOR (CHECK ONE):

___ Electrical ___ Mechanical (*) ___ Plumbing ___ Fire Sprinkler ___ Natural Gas Piping

Date: _____

Construction Site Address: _____

Property Owner: _____
(Name) *(Contact Phone)*

(Mailing Address, City, State, Zip)

Contractor: _____
(Licensee Name) *(Telephone)*

(Mailing address, City, State, Zip) *(License #)*

E-mail Address: _____

(*) Electrical Contractor: _____
(License Name) *(Telephone)*

(Mailing address, City, State, Zip) *(License #)*

E-mail Address: _____

Total value of job: \$ _____ **Existing/Proposed Use:** _____

Specific description of proposed work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature: _____

Printed Name: _____

===== 706 Arendell Street, Morehead City, NC 28557 =====
===== Phone: (252) 726-6848 x125 Fax: (252) 726-2267 =====

This institution is an equal opportunity provider/employer.

Revised 11/16