



Town of Belville

Inspections Department
497 Olde Waterford Way • Suite 205 • Belville, NC 28451
(910) 371-2456 • Fax (910) 371-2474 • www.townofbelville.com

ELECTRICAL, PLUMBING & MECHANICAL PERMIT APPLICATION	Permit No.
---	-------------------

Type of Work:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replace	Application Date ____ / ____ / ____	Estimated Value of Work (Labor and Materials): \$ _____
Applicant Name: _____		Phone: _____	Email: _____

PROJECT INFORMATION

Job Site Address:	Parcel #:
Property Owner Information:	
Name _____	Street Address _____
City _____	State _____
Zip Code _____	Phone _____
Existing Building? <input type="checkbox"/> Yes <input type="checkbox"/> No	Building Permit #: _____
Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family	Number of Units: _____
Scope of Work: _____	

CONTRACTOR INFORMATION

Business Name:	State License Number:

Street Address _____	City _____
State _____	Zip Code _____
Phone _____	Fax _____
Privilege License Number:	<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <i>(circle one)</i>

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor

Date