

# TOWN OF SPRING LAKE GAS PERMIT APPLICATION

PERMIT NO: G-\_\_\_\_\_

Complete address where work will be performed: \_\_\_\_\_  
Spring Lake, NC. 28390

Permit to be issued to: (Contractor/Business Name) \_\_\_\_\_  
 Address: \_\_\_\_\_, Phone: \_\_\_\_\_  
 NC License Number: \_\_\_\_\_ Mechanical Contractor: \_\_\_\_\_ Plumbing Contractor: \_\_\_\_\_

Complete Name of Property Owner: \_\_\_\_\_  
 Property Owner's Address: \_\_\_\_\_  
 Property Owner's Phone Number: \_\_\_\_\_

**Class of Work:** New: \_\_\_\_\_ Addition: \_\_\_\_\_ Replacement: \_\_\_\_\_ Other: \_\_\_\_\_

Item	No:	Price	Item	No:	Price
Gas Appliance			Gas Log		
Gas Pack			Gas Piping		
Other			Other		

\*\*A minimum permit fee will be charged if priced items total less then the minimum permit fee.

**Permit Fee \$** \_\_\_\_\_

**Technology Fee \$** 5.00

**Total Permit Fees \$** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

YOU MUST CALL TO SCHEDULE AN INSPECTION AT PROPER STAGE (S) OF WORK.  
 CALL THE INSPECTIONS DEPARTMENT AT (910) 436-0241 TO SCHEDULE AN INSPECTION.

**The undersigned hereby makes application for permit and inspection of work described, and agrees to comply with all applicable laws regulating the work performed.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Disapproved by \_\_\_\_\_ Date \_\_\_\_\_