



OFFICE USE ONLY

Approved By:

Permit #:

Issued:

Stand Alone Sub Permit Application

1. Types of Work:

Mechanical

Electrical

Plumbing

Residential

Commercial

2. Project Location

County:

Orange

Durham

Property Owner _____

Property Address _____ Unit Number _____

Parcel Identifier Number _____ Existing Use _____ Inside Town Limits

Detailed description of proposed work (all trades). Summarize scope of work document, include location of work.

3. This section intentionally left blank

4. Mechanical Permit

Mechanical Contractor _____ Privilege License # _____

NC Mech License # _____ Classification H-1 H-2 H-3 Class I Class II

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Construction Cost **** Attach copy of signed Scope of Work **** \$ _____
See Scope of Work instructions

Name (print) _____ Signature _____ Date _____

Details Complete all fields, include location of work AND specify types of mechanical appliances in Scope of Work

Service Type: New Upgrade Check all that apply: Gas Line Kitchen Hood System

Change-Out: E/M E/M/P M/P Duct Work Geothermal System

# of Heat Pumps and Gas Packs	# of Other Mechanical Appliances*	<input type="checkbox"/> Fireplace	# of Fireplaces
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*Includes, but not limited to AC units, gas furnace, electric furnace, air handler units, condensers, coils, chillers, humidifiers, etc.

Standalone Sub Permit Application

Inspections: 919-968-2718 inspfrontdesk@townofchapelhill.org



Property Address:

5. Electrical Permit

Electrical Contractor _____ Privilege License # _____
 Classification: Limited Intermediate Unlimited Owner
 NC Elect License # _____ Voltage: 600 or less 600 or more
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____ Fax _____
**** Attach copy of signed Scope of Work ****
 Construction Cost See Scope of Work instructions \$ _____
 Name (print) _____ Signature _____ Date _____

Details Complete all fields, include location of work (in Scope of Work with General Contractor)

Service Type: New Upgrade Temporary Service Change in location of existing Meter / Panel
 Service Size (amps) _____ # of Meters _____ Requested Voltage _____ Rewire
 Enter the number of items added, altered, moved, or removed for each of the following items: Service Entrance Size:
 Boxes _____ Switches _____ Outlets _____ Lights _____ Single Phase Three Phase

6. Plumbing Permit

Plumbing Contractor _____ Privilege License # _____
 NC Plumb License # _____ Classification Class I Class II N/A Owner
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____ Fax _____
**** Attach copy of signed Scope of Work ****
 Construction Cost See Scope of Work instructions \$ _____
 Name (print) _____ Signature _____ Date _____

Details Complete all fields, include location of work (in Scope of Work with General Contractor)

Service Type: New Upgrade **Change-Out:** E/P E/M/P M/P
 # of Fixtures and Spigots _____ # of Water Heaters _____
Check all that apply: Backflow Preventer Irrigation System New Water Connection
 Fire Sprinkler System Grease Trap New Sewer Connection

7. Applicant's Statement

I hereby certify that I am authorized to submit this application; that all information is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances, regulations, or private building restrictions imposed. I understand that knowingly providing false information in this application can subject me to civil and criminal prosecution. I will ensure that the Development Services Center is notified of any changes in the approved plans and specifications for the project herein. I also agree to be responsible for any damage to public improvements, including, but not limited to streets, curbs, sidewalks, sewer or other utility lines occasioned by the works performed in accordance with this project. I understand that electrical power will not be turned on, nor a Certificate of Occupancy issued, until construction is complete, all fees are paid, and all utilities and public improvements are installed and operative. I further understand that the Town of Chapel Hill has adopted a Noise Control Ordinance and agree to comply with the provisions of the ordinance. A signed Scope of Work document is attached to this application, that includes the Owner's signature and details of all work

Name (print) _____ Signature _____ Date _____

Standalone Sub Permit Application

Permit #



Property

Address:

OFFICE USE ONLY

Permit Fees	
Fee Type	Amount
Building	\$
Electrical	\$
Mechanical	\$
Plumbing	\$
Sub Total	\$
8% Recycling Fee (Orange County)	\$
Other Fees:	
Total Due at Permit Issuance	\$