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/ Business Name) *(Telephone)*

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

E-mail Address:
_____

(*) **Electrical Contractor**: _____ _____
(Licensee Name/ Business 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:
_____

1100 Bridges Street, Morehead City, NC 28557
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