

**NEW HANOVER COUNTY
DEPARTMENT OF BUILDING SAFETY
230 Government Center Dr. Suite 170
Telephone (910) 798-7308
Fax (910) 798-7060**

Nicholas Gadzekpo
Director of Building Safety

*****IMPORTANT NOTICE*****

FOR COMPLETE ELECTRONIC PROJECT SUBMITTALS BY EMAIL

If you wish to submit your Commercial or Residential project electronically by email, please attach your electronic plans in the “pdf format along with your application” before clicking the send button.

FOR COMPLETE ELECTRONIC PROJECT SUBMITTALS IN PERSON

If you wish to submit your Commercial or Residential project in person on CD, please fill out the building permit application on line, print it, scan and put it on your CD along with the plans and Appendix B if applicable in the “pdf format” & bring your CD to the Development Services Center, located at 230 Government Center Drive; Suite 170.

If you have questions about the electronic submittal process, please call the Development Services Center at (910) 798-7308.

Please note that we except Cash, Checks, and Credit Cards (American Express, Discover, VISA, and MasterCard).

Thank you.



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: Appliance/Equipment Change Out

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

“Project Responsibility”

DATE: _____

Project address: _____ UNIT # _____

Is this appliance replacement at a dwelling unit? YES NO

If Commercial Job, what is the Business Name _____

Is this appliance replacement at a restaurant or other food provider? YES NO

Scope of work is limited to replacement only (Check all that apply)

Replace existing appliance/equipment with new and re-connect

Air handler located in Attic Crawlspace Inside dwelling

Condenser Package unit Ductwork

Other appliance (please specify) _____

Equipment ratings _____

Connections required

Appliance requires fuel gas connection

Appliance requires electrical connection

Appliance requires plumbing connection

Appliance requires venting to outside

Mechanical contractor _____

Mechanical license # _____ e-mail _____

Contact person: _____ Cell phone _____

Electrical contractor _____

Electrical license # _____ e-mail _____

Contact person: _____ Cell phone _____

Plumbing contractor _____

Plumbing license # _____ e-mail _____

Contact person: _____ Cell phone _____

Owner or Agent Signature* _____ Contact Phone _____

***By signing I affirm that I am authorized to apply for permits for the contractors listed above. Permits obtained without authorization will be revoked without refunds of any fees paid. The appropriate State Licensing Board will be notified.**

ALL CONTRACTORS LISTED ABOVE WILL BE NOTIFIED WHEN A PERMIT IS ISSUED.