



Fax: 919-553-1720

Permit#: \_\_\_\_\_

Received: \_\_\_\_\_

## TOWN OF CLAYTON

Engineering & Inspections  
111 E. Second St., P.O. Box 879  
Clayton, NC 27528  
Phone: 919-553-5002

### MECHANICAL / ELECTRICAL / PLUMBING PERMIT

*Application Review: Staff will review application for completeness within 24 hours of submission. Applicants will be notified to pick up incomplete applications and re-submit once the application packet is complete.*

Type of Permit: Commercial: \_\_\_\_ Residential: \_\_\_\_ Commercial Property Use: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision/Development: \_\_\_\_\_ Lot#: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### LOCATION AND TYPE OF PERMIT INFORMATION

Project Address: \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_

Locations of Work: Basement \_\_\_\_ Crawl Space \_\_\_\_ Second Floor \_\_\_\_ Attic \_\_\_\_ Roof \_\_\_\_

Floodplain Onsite: Yes \_\_\_\_ No \_\_\_\_ Stream/wetland Onsite Yes \_\_\_\_ No \_\_\_\_

*\*If marked "yes" please provide Flood Plain Development Permit*

### UTILITY PROVIDER INFORMATION

Power: Town Of Clayton Power \_\_\_\_ Duke Energy Power \_\_\_\_

Water Source: Town Of Clayton Utility \_\_\_\_ Johnston County Water Utility \_\_\_\_ Other \_\_\_\_

Size of Water Service and Meter: 3/4" \_\_\_\_ 1" \_\_\_\_ 1-1/2" \_\_\_\_ 2" \_\_\_\_ other? \_\_\_\_

Natural Gas System: Yes \_\_\_\_ No \_\_\_\_

## CONTRACTORS INFORMATION

Place an **X** and complete additional information for each permit type needed.

**Mechanical Permit**

**Project Total Cost of Mechanical: \$** \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

License #: \_\_\_\_\_ Classification: \_\_\_\_\_

Design Professional (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Engineer: \_\_\_\_\_ Other: \_\_\_\_\_ NC Reg. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Electrical Permit**

**Project Total Cost of Electrical: \$** \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Electrical License #:** \_\_\_\_\_ Classification: \_\_\_\_\_

Design Professional (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_ Owner: \_\_\_\_\_ Other: \_\_\_\_\_ NC Reg. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

## CONTRACTORS INFORMATION

Place an **X** and complete additional information for each permit type needed.

\_\_\_\_\_ **Plumbing Permit:** **Total Cost of Plumbing Project \$** \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

NC PLUMBING License #: \_\_\_\_\_ Classification: \_\_\_\_\_

Design Professional (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_ Owner: \_\_\_\_\_ Other: \_\_\_\_\_ NC Reg. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Total Combined Project Cost of Mechanical, Electrical and Plumbing: \$** \_\_\_\_\_

**The following documents are required prior to permit issuance:**

- Cost of construction provided
- All plan reviewers have signed off on approvals
- Fee paid at pick-up

## SIGNATURES

I/We hereby certify that all information in this application is correct and all work will comply with the State Mechanical and NEC Electrical Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department shall be notified of any changes in the approved plans and specifications for the project permitted herein.

I/We further certify that I/We have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I/We understand this application, related material and all attachments become official records of the Town of Clayton, North Carolina, and will not be returned.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**\*Note: If owner's signature is not applicable, must provide copy of signed contract or have property owner provide email for verification to Tiffany Loyd at [Tloyd@townofclaytonnc.org](mailto:Tloyd@townofclaytonnc.org) or to Cindy Batten at [Cbatten@townofclaytonnc.org](mailto:Cbatten@townofclaytonnc.org).**

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### Staff Approval:

\_\_\_\_\_  
Inspector's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector's Approval (Fire)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CO Final

\_\_\_\_\_  
Date

Permit Number: \_\_\_\_\_

Property Address: \_\_\_\_\_