



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 2 business days after the receipt of submission. Applicants will be notified via email that the application is incomplete and to re-submit once the application packet is complete. All applications, plans, and supporting documents should be emailed to: PermitSubmittals@TownofClaytonNc.org

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: _____

Mechanical 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: _____

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

Staff Approval:

Inspector's Approval _____

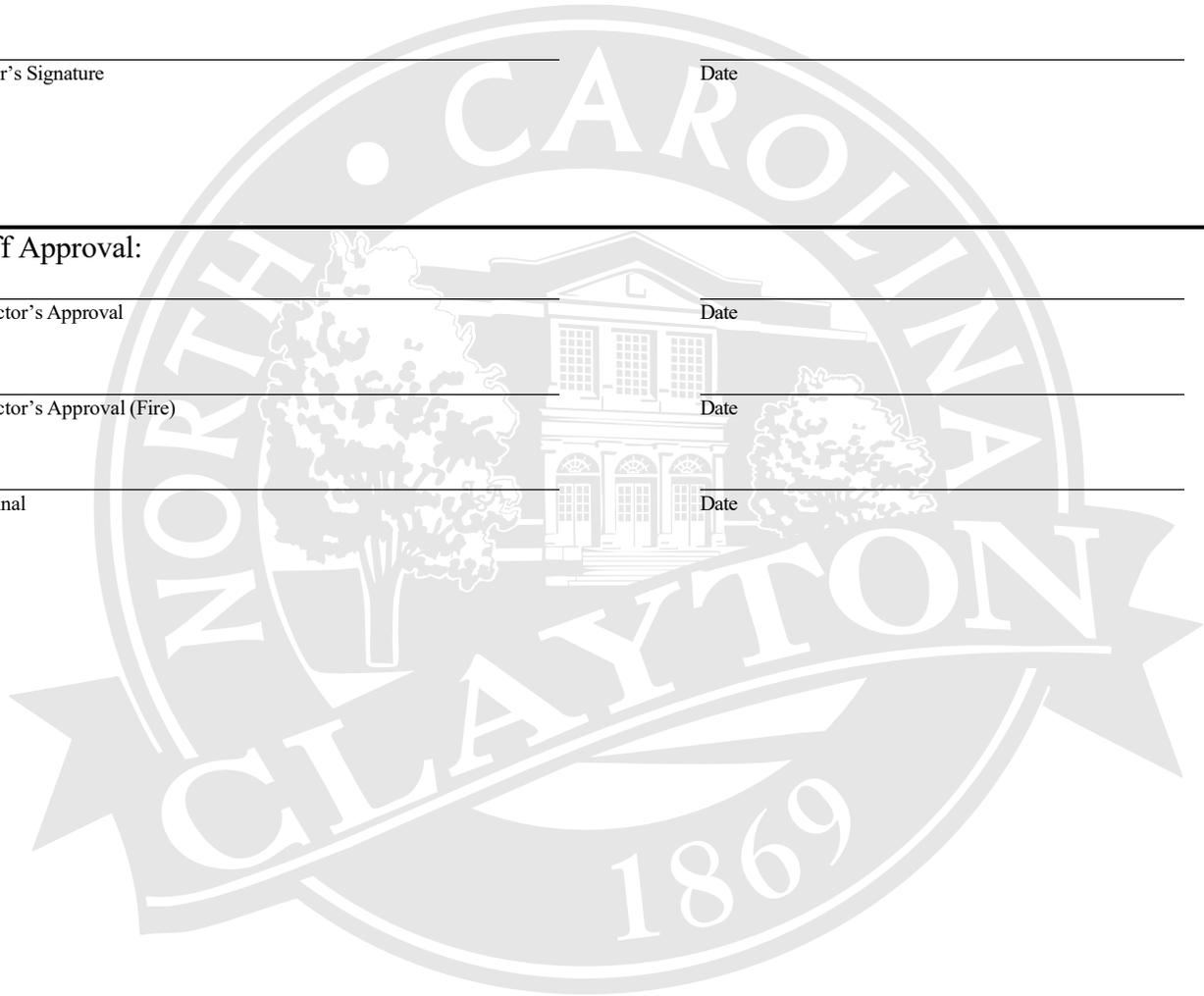
_____ Date

Inspector's Approval (Fire) _____

_____ Date

CO Final _____

_____ Date



Permit Number: _____

Property Address: _____