



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 Chrissy Freeman at Cfreeman@townofclaytonnc.org or to Cindy Batten at Cbatten@townofclaytonnc.org.**

Staff Approval:

Inspector's Approval

Date

Inspector's Approval (Fire)

Date

CO Final

Date

Permit Number: _____

Property Address: _____