**Town of Aberdeen**

**115 N. Poplar Street Planning Department Phone: 910-944-7024**

**PO Box 785 Building Inspections Fax: 910-944-7459**

**Aberdeen, NC 28315**

**Mechanical Permit**

This is to certify that \_\_\_Applicants name\_\_\_\_ has filed an application for a Mechanical Permit with the Town of Aberdeen. This application having been found to comply with all applicable codes and regulations is hereby granted the right to commence work on this Mechanical project.

**Property Information**

**Property Address: (Bold and Possibly in Red)**

**Special Conditions Apply: Yes/No**

Owner: From Tax record but would like to be able to manually change if needed

Applicant: Staff Generated Tax ID: From Tax Record Occupancy Type: (Residential/Commercial)

Primary Phone: Staff Generated LRK#: From Tax Record *If Residential: Single-Family or Multi-Family*

Cell Phone: Staff Generated Lot Number: From Tax Record *If Commercial: Option to Fill in Proposed use*

Email: Staff Generated

**Construction Information**

**Type of Work: (Note Field)**

**Contractor Information**

**Contractor Information:**

Name: Staff Generated State License #: Staff Generated Phone Number: Staff Generated

Cell Phone: Staff Generated

Any permit issued expires six (6) months after issuance if no inspections have been made. If after commencement the work is discontinued for a period of 12 months, the permit therefore shall immediately expire.

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Building Inspectors Signature Contractor/Applicant Signature