



City of Southport

Work Sheet
Application for Mechanical Permit

Fax back to 910-457-7957

Please fill out completely before applying for permit:

Permit Number: _____ Date: _____

Location by Road: _____

Owner's Name and Address: _____

Owner's City, State, Zipcode: _____

Owner's Phone Number: _____

Mechanical Contractor's Name: _____

Mechanical Contractor's Address: _____

Mechanical Contractor's City, State, Zip: _____

Mechanical Contractor's Phone Number: _____ License Number: _____

Mechanic in Charge: _____ Mechanical Contractor's Fax Number: _____

Estimated Job Cost: _____

Table with 4 columns: Appliance, Number, Appliance, Number. Lists various mechanical equipment like Warm Air Furnaces, Recessed Heaters, etc.

Permit Requested By: _____

*Please list the number of and square footage of hood face area. Fire system listed under other.