The Town of Surf City

214 N. New River Dr. Surf City, N.C. 28445
Phone: (910) 328-4131 • Fax: (910) 328-4132
www.townofsurfcity.com comdev@townofsurfcity.com

Mechanical Change Outs / Meter Base Change Outs

Permit Number: _____ **Date:** _____

Project Address: _____

Property Owner: _____

Property Owner Mailing Address: _____

_____

Property Owner Telephone Number: _____ Email:_____

Project Information
Description of Project: _____

_____

_____HVAC ☐ IN ☐ OUT

Electrical Contractor
Contractor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ NC License#: _____ Email: _____

Mechanical Contractor
Contractor: _____
Address: _____
City: _____ State: _____Zip: _____
Phone: _____ NC License#: _____ Email: _____

Date: _____
Signature of Applicant/Agent: _____
Printed Name of Applicant/Agent: _____

Notice: You are required to report the above work when ready for inspection. All work shall conform to the latest federal state, and local codes.

Date:	Inspection:	By: