

CASWELL COUNTY

Heating/Air Conditioning Permit



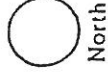
Caswell County

Inspections Department  
144 Main Street • P.O. Box 1406  
Yanceyville, NC 27379

Office (336) 694-9731  
Fax (336) 694-5547

Building Permit No. \_\_\_\_\_  
Elec. Ser. By \_\_\_\_\_  
Location \_\_\_\_\_  
Power Co. Cert. No. \_\_\_\_\_  
Tax No. \_\_\_\_\_  
Tax Map \_\_\_\_\_  
Zoning \_\_\_\_\_  
Subdivision \_\_\_\_\_  
Lot No. \_\_\_\_\_  
Lot Size \_\_\_\_\_  
Bldg. Size \_\_\_\_\_  
Sq. Ft. \_\_\_\_\_

Plot Plan



North

Town \_\_\_\_\_ Township \_\_\_\_\_ Street \_\_\_\_\_

Owner \_\_\_\_\_ Phone No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 City  State

Address \_\_\_\_\_ Protection:  Unprotected  One Hour   
 Plans  Yes  No

Contractor \_\_\_\_\_ Lic. No. \_\_\_\_\_ Septic Tank No. \_\_\_\_\_  
 Type of Construction:  Fireproof  Non. Com.  Fire Resis.  Ordinary  Hvy. Tim.  Wd. Frame  Bk. Veneer

Address \_\_\_\_\_ Fire District \_\_\_\_\_  
 Architect \_\_\_\_\_ Water \_\_\_\_\_

Occupancy \_\_\_\_\_ No. of Dwelling Units \_\_\_\_\_ Basement  Yes  No  No. Stairs \_\_\_\_\_ No. Rooms \_\_\_\_\_ No. Baths \_\_\_\_\_

Work to be Done By:	Separate Permit	ELECTRICAL:	Change	Yes	No
Total Cost		Size of Services		<input type="checkbox"/>	<input type="checkbox"/>
General		Underground	Type of Water Heater		
Electrical		Amps	Volt		
Heating		HEAT/AIR CONDITIONING:			
Air Cond.		Source of Fuel			
Plumbing		Type Heat			
Grading		Type A/C			
Paving		Stur. Cap.			
Sprinkler		BTU			
Elevators		Ton			
Gasoline Island					
Sign w/Service					
Appliances					
Water					
Sewer					
Permit Fee					

The undersigned hereby makes application as designed above, and agrees to conform to all applicable laws of Caswell County and the State of North Carolina, and that the structure designated above is not to be occupied or used until a certificate of occupancy is issued by the Caswell County Inspection Dept. The undersigned further states that all statements made herein are true.

DIRECTIONS/REMARKS

Signature of Applicant \_\_\_\_\_ Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Agent \_\_\_\_\_ Date of Application \_\_\_\_\_

Not Valid Unless Validated And Approved

Date \_\_\_\_\_ Date \_\_\_\_\_  
 Referred To \_\_\_\_\_ Affirmed By \_\_\_\_\_  
 Granted To \_\_\_\_\_ Reversed By \_\_\_\_\_  
 Denied To \_\_\_\_\_ Modified By \_\_\_\_\_

Director of Inspections

NOTICE: This permit is void if no inspections are called for within 6 months. After the 1st inspection there should be at least one inspection every twelve months.