



**COUNTY OF RANDOLPH**  
 Department of Building Inspections  
 204 E Academy St • PO Box 771 • Asheboro, NC 27204-0771

**MECHANICAL PERMIT APPLICATION**

Date: \_\_\_\_\_ Job contact name: \_\_\_\_\_  
 Parcel number: \_\_\_\_\_ Job contact phone number: \_\_\_\_\_  
 Application number: \_\_\_\_\_ Job contact e-mail: \_\_\_\_\_

Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, ST ZIP: \_\_\_\_\_

**LOCATION INFORMATION:**

Address of work site: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Contractor: \_\_\_\_\_ License number: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

**HVAC INFORMATION:**

Type of Use (select one):  Commercial  Farm  Residential  
 Type of Structure (select one):  Accessory  Apartments  Duplex  Farm Service  
 Mobile  Modular  Moved House  Other  
 Pool  Sign  Site Built  Solar  
 Tower  Townhouse  
 Class of Work (select one):  Addition  New  Renovation  
 Type of fuel:  Electric  Gas  Oil  Other  
 Type of system:  A/C only  Exhaust/Vent  Heat & A/C  Heat only  
 Multiple  Other  Refrigeration  
 Gas line:  No  Yes  
 Regulator pressure:  2 pounds  5 pounds  Inches  Over 5 pounds  
 Number of HVAC units: \_\_\_\_\_  
 Heated area 1<sup>st</sup> floor (sq. ft.): \_\_\_\_\_  
 Heated area 2<sup>nd</sup> floor (sq. ft.): \_\_\_\_\_  
 Heated area 3<sup>rd</sup> floor (sq. ft.): \_\_\_\_\_  
 Total heated area (sq. ft.): \_\_\_\_\_  
 Same Contractor Doing Electrical:  No  Yes – Must provide license number  
 Electrical License #: \_\_\_\_\_

**DESCRIPTION OF WORK/ COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*\* MECHANICAL INSTALLATION SHALL MEET ALL APPLICABLE STATE BUILDING CODES. \*\*\***

The undersigned contractor does hereby affirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

LOCAL TELEPHONE NUMBER  
 Asheboro: (336) 318-6555

<http://www.randolphcountync.gov>

- \_\_\_\_\_ has/have three (3) or more employees and have obtained Workers' Compensation insurance to cover them,
- \_\_\_\_\_ has/have one or more subcontractor(s) and have obtained Workers' Compensation insurance covering them,
- \_\_\_\_\_ has/have one or more subcontractor(s) who has/have their own policy of Workers' Compensation covering themselves,
- \_\_\_\_\_ has/have not more than two (2) employees and no subcontractors,

while working on the project for which the permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of Workers' Compensation insurance prior to issuance of the permit and **at any time during the permitted work from any person, firm or corporation carrying out the work.**

The undersigned hereby makes application as designated above, and agrees to all applicable laws of Randolph County, the State of North Carolina and any valid, applicable restrictive covenants/deed restrictions on the property where the construction will occur. The undersigned further states that all statements made hereon are true.

**Fax completed applications to (336) 636-7575 or e-mail to [permits@randolphcountync.gov](mailto:permits@randolphcountync.gov).  
We will call you to collect payment information once application is keyed.**

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Signature of Contractor or Owner

***Any disagreement with a decision made by a Building Safety Official may be brought before the Director of Building Inspections for review. You can contact David Bryant, Director of Inspections, at 336 318-6366 to schedule an informal internal review.***