



# TOWN OF HOLDEN BEACH MECHANICAL PERMIT APPLICATION

*\* All information on this application must be filled out completely. Information that does not apply must show n/a. Incomplete applications shall be returned without being processed.*

**PROPERTY OWNER INFORMATION:**

Name: \_\_\_\_\_  
Holden Beach Property Address: \_\_\_\_\_  
Lot Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Permanent Mailing Address:  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Beach House Phone: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Business Name: \_\_\_\_\_ Qualifier: \_\_\_\_\_  
Mailing Address:  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
N.C. State Contractor's License Number: \_\_\_\_\_  
Workman's Compensation Number (Attach Copy): \_\_\_\_\_  
Current Holden Beach Privilege License Number Yes \_\_\_\_\_ No \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**WORK CLASSIFICATION AND VALUE:** (check one)

New Construction \_\_\_\_\_ Remodel/Addition \_\_\_\_\_ HVAC Changeout \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**PROPERTY USE:** (check one)

Single Family \_\_\_\_\_ Two Family \_\_\_\_\_ Condominium \_\_\_\_\_ Townhouse \_\_\_\_\_  
Commercial \_\_\_\_\_ Other \_\_\_\_\_ Description \_\_\_\_\_

**FLOOD PLAIN INFORMATION:**

Flood Zone Designation (X, AE, VE) \_\_\_\_\_ Base Flood Elevation \_\_\_\_\_  
If changeout, will unit need to be elevated? \_\_\_\_\_

**LOCATION:**

Is the unit going to be in same location, or moved? If moved, where to? \_\_\_\_\_

# Who will be the Electrician

## DETAILED DESCRIPTION OF WORK TO BE PERFORMED:

Type of Unit \_\_\_\_\_ Seer \_\_\_\_\_ Tonnage \_\_\_\_\_  
Condensing Unit only \_\_\_\_\_ Air Handling Unit only \_\_\_\_\_ Both \_\_\_\_\_

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**\*\*\*Note\*\*\* Contractor must provide access, entry, ladders, etc. on HVAC Change-outs.**

## DESCRIPTION OF PROPOSED WORK: (add additional sheets as necessary)

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

This permit becomes null and void if work or construction authorized is not commenced within six months, or if construction or work is suspended or abandoned for a period of one year at any time after work is commenced.

\_\_\_\_\_  
Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Printed Name \_\_\_\_\_

## PERMIT APPROVAL:

\_\_\_\_\_  
Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

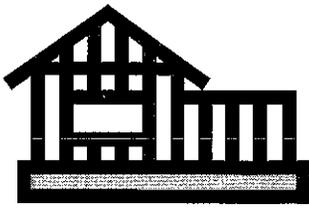


**New and Substantially Improved Buildings**  
**HVAC Systems**

**FLOOD RESISTANT HVAC SYSTEM CHECKLIST**

Property ID:		Property Contact:	
Property Name:		Interviewed:	
Property Address:		Phone:	
Surveyed By:		Date Surveyed:	
DFE:			
<ul style="list-style-type: none"> <li>• What type of heating system is used?</li> </ul>			
Elevation:			
<input type="checkbox"/> Natural Gas Piping type: Location of service entrance:		<input type="checkbox"/> Fuel Oil Piping Type: Tank Location:	
<input type="checkbox"/> Electric Location of electrical service entrance:		<input type="checkbox"/> Other:	
Description of Heating system:			
<ul style="list-style-type: none"> <li>• What type of A/C system is used?</li> </ul>			
Elevation:			
<input type="checkbox"/> Central Air Outside unit location/elevation: Inside unit location/elevation:		<input type="checkbox"/> Window units Location/elevation: Voltage:	
Description of A/C system:			
<ul style="list-style-type: none"> <li>• Does condensate drain above the DFE?</li> </ul>			
<ul style="list-style-type: none"> <li>• Are air intakes above the DFE?</li> </ul>			
Location/elevation of electronic HVAC controls:			
Is any ductwork located below the DFE? <input type="checkbox"/> Yes; elevation: <input type="checkbox"/> No			
Describe ductwork located below the DFE:			
What equipment is located beneath the DFE?			
<input type="checkbox"/> Heating Unit	<input type="checkbox"/> Outdoor Cooling Unit	<input type="checkbox"/> Indoor Cooling Unit	<input type="checkbox"/> Electronic Controls <input type="checkbox"/> Ductwork <input type="checkbox"/> Fuel Oil Tank
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

Table 3.1.6: Checklist to aid in the review of proposed designs for compliance with Federal, State, and local regulations



# Town of Holden Beach

## PLANNING & INSPECTIONS DEPARTMENT

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**Building Inspector**

Tim Evans

inspections@hbtownhall.com

**Zoning/CAMA Officer**

Rhonda Wooten

rhonda@hbtownhall.com

MEMO:

**TO: Mechanical Contractors and HVAC Installers, Homeowners**  
**From: Timothy D. Evans, Director of Planning and Inspections**

**Subject: Replacement of Equipment**

**Section: 301.4 of the North Carolina Mechanical Code, states that all appliances regulated by this code shall be listed and labeled for the application in which they are installed and used, unless otherwise approved in accordance with section 105.**

It is the interpretation of this office that the replacement of a singular piece of equipment that is not self contained and relies on additional components to operate, are required to have verification from the manufacturer that the components affected are compatible.

The code does not require this office to determine the extent of efficiency, only that the components are compatible to there listing.

A letter from the manufacture will need to be provided to this office, with the applicable permit number, address, model and serial numbers of the equipment affected this is required prior to the request for an inspection.

Timothy D. Evans, Building Inspector