



PERMIT APPLICATION SINGLE TRADES

PERMIT #: _____

CITY OF KINGS MOUNTAIN CODE ENFORCEMENT DEPARTMENT
N. PIEDMONT AVENUE - PO BOX 429 - KINGS MOUNTAIN, NC 28086
PHONE (704)734-4599 – FAX (704)730-2106 E-MAIL: tammy.scruggs@cityofkm.com

PLEASE CONTACT THE KINGS MOUNTAIN ELECTRICAL DEPARTMENT AT 704-730-2125 PRIOR TO SUBMITTING THIS APPLICATION IF THE CITY UTILITY WILL BE INSTALLING A NEW SERVICE OR METER ON THIS PROJECT.

RESIDENTIAL COMMERCIAL

PROJECT ADDRESS: _____

OWNERS INFORMATION: _____ **PROJECT COST \$:** _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

PHONE NUMBER: _____ **EMAIL:** _____

SCOPE OF WORK: _____

THIS APPLICATION IS FOR SINGLE TRADE PERMITTING ONLY. PLEASE CHECK THE APPROPRIATE TRADE BELOW THAT YOU ARE APPLYING FOR.

PLUMBING MECHANICAL:

BUSINESS NAME: _____	CONTACT PERSON: _____
ADDRESS: _____	LICENSE #: _____
<i>Note: If the scope of work is an HVAC change out requiring ONLY electrical reconnections, list Electrical Contractor below. If the Electrician will be performing additional work, a separate permit application will be required to be submitted.</i>	

ELECTRICAL

BUSINESS NAME: _____	CONTACT PERSON: _____
ADDRESS: _____	LICENSE #: _____
POWER COMPANY: <input type="checkbox"/> KINGS MOUNTAIN <input type="checkbox"/> DUKE <input type="checkbox"/> REMC	

APPLICANT'S SIGNATURE AND PRINTED

PHONE NUMBER

DATE

By signing above I hereby certify that I am either the owner of the property or an authorized agent of the owner and that the information in this application is correct and that all work will comply with applicable State laws and local ordinances.