



# TOWN OF HOLLY SPRINGS TRADE PERMIT APPLICATION

**Building Code Enforcement • Box 8 Holly Springs NC 27540 • 919-557-3914 phone • 919-557-7551 fax**

Please use this application for the purpose of trade only. This is not used in residential or commercial construction. No wood construction is involved with this application. Please make sure all information is printed and legible. Please check the type of work to be performed and brief description if necessary and fill out the appropriate contractor information as indicated:

- |   |  |
|---|--|
| <input type="checkbox"/> Electrical Only (Electrical Contractor)<br>Description _____ | <input type="checkbox"/> HVAC Installation or Change-Out (Mech & Elec Contractor)<br><input type="checkbox"/> Water Heater-Gas (Plumbing Contractor) |
| <input type="checkbox"/> Mechanical Only (Mechanical Contractor)<br>Description _____ | <input type="checkbox"/> Water Heater-Elec (Plumbing & Electrical Contractor)  |
| <input type="checkbox"/> Plumbing Only (Plumbing Contractor)<br>Description _____     | <input type="checkbox"/> Water Heater-Tankless (Elec, Mech & Plumb Contractors)  |

**\*\*Location of unit on property or work being performed (crawlspcace, garage, etc.)** \_\_\_\_\_

**Owner Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Lot Number \_\_\_\_\_ Subdivision \_\_\_\_\_

**\*\*Any person other than a homeowner must obtain a Town of Holly Springs privilege license number and the application must have an original contractor signature. State license number must match name of company.**

**Electrical Contractor Information:**

Company Name – Please Print \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
N.C. State License Number \* \_\_\_\_\_ Town of Holly Springs Privilege License Number \*\* \_\_\_\_\_  
Authorized Electrical Contractor's Signature \_\_\_\_\_ E-mail address \_\_\_\_\_

**Mechanical Contractor Information:**

Company Name – Please Print \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
N.C. State License Number \* \_\_\_\_\_ Town of Holly Springs Privilege License Number \*\* \_\_\_\_\_  
Authorized Mechanical Contractor's Signature \_\_\_\_\_ E-mail address \_\_\_\_\_

**Plumbing Contractor Information:**

Company Name – Please Print \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
N.C. State License Number \* \_\_\_\_\_ Town of Holly Springs Privilege License Number \*\* \_\_\_\_\_  
Authorized Plumbing Contractor's Signature \_\_\_\_\_ E-mail address \_\_\_\_\_

**Cost of work being performed**  
Electrical \$ \_\_\_\_\_ Mechanical \$ \_\_\_\_\_ Plumbing \$ \_\_\_\_\_

Please Contact \_\_\_\_\_ at phone number \_\_\_\_\_ **when permit is ready.**

Applicant Name – Please Print \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_