



Bryce A. Stuart Municipal Building  
Suite 328, 100 E. First Street  
Winston-Salem, NC 27101  
P.O. Box 2511  
Winston-Salem, NC 27102-2511

Phone: (336) 727-2624  
Fax: (336) 747-9428

## APPLICATION FOR REFRIGERATION PERMIT

Building /Parent Permit (if this permit will be linked) # \_\_\_\_\_

Authorized Inspection Personnel: \_\_\_\_\_

*Applicant Information: all related fields must be filled in*

Contractor Name \_\_\_\_\_ Contractor I.D. \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Number \_\_\_\_\_

*If you do not have a Contractor ID, please fill out the application for Contractor ID; <http://www.cityofws.org/Departments/Planning/Forms-Handouts-Checklists-Fees>*

Address of Job \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Description of work \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refrigeration (Internal/External) \_\_\_\_\_ Refrigeration (Horsepower) \_\_\_\_\_ Refrigeration Lines (#) \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name \_\_\_\_\_ Applicant's Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_