

INSPECTIONS DEPARTMENT

APPLICATION FOR RESIDENTIAL/COMMERCIAL CONSTRUCTION

TEL: (336) 983-8126

BUILDING/ZONING PERMIT

FAX: (336) 983-2669

DATE: \_\_\_\_\_  
**ADDRESS OF JOB:** \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_ SECTION: \_\_\_\_\_ PHASE: \_\_\_\_\_  
 LOT: \_\_\_\_\_ ZONING: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
 DEED BOOK: \_\_\_\_\_ PAGE: \_\_\_\_\_

**PROPERTY OWNER'S NAME:** \_\_\_\_\_ PHONE#: \_\_\_\_\_  
 OWNER'S MAILING ADDRESS: \_\_\_\_\_

**GENERAL CONTRACTOR NAME:** \_\_\_\_\_  
 CONTRACTOR'S ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ FAX#: \_\_\_\_\_  
 LICENSE #: \_\_\_\_\_ EXPIRE DATE: \_\_\_\_\_ TYPE:  General  Other: \_\_\_\_\_  
 WORKMAN'S COMP AFFIDAVIT  YES  NO  Less than \$30,000 no license required  
 DESCRIPTION OF WORK: \_\_\_\_\_

**PLUMBING CONTRACTOR NAME:** \_\_\_\_\_  
 CONTRACTOR'S ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ FAX#: \_\_\_\_\_  
 LICENSE #: \_\_\_\_\_ EXPIRE DATE: \_\_\_\_\_  
 DESCRIPTION OF WORK: \_\_\_\_\_

**HEATING/AIR CONTRACTOR NAME:** \_\_\_\_\_  
 CONTRACTOR'S ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ FAX#: \_\_\_\_\_  
 LICENSE #: \_\_\_\_\_ EXPIRE DATE: \_\_\_\_\_  
 DESCRIPTION OF WORK: \_\_\_\_\_

**ELECTRICAL CONTRACTOR NAME:** \_\_\_\_\_  
 CONTRACTOR'S ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ FAX#: \_\_\_\_\_  
 LICENSE #: \_\_\_\_\_ EXPIRE DATE: \_\_\_\_\_  
 DESCRIPTION OF WORK: \_\_\_\_\_

SEPTIC TANK APPROVAL:  YES (Provide Copy)  NO PUBLIC SEWER:  YES  NO

SETBACKS: FRONT: \_\_\_\_\_ BACK: \_\_\_\_\_ SIDES: \_\_\_\_\_

FLOOD PLAIN:  YES  NO WATERSHED:  YES  NO SEE APPENDIX A  
 FOR A YES RESPONSE PROVIDE MAP NUMBER SOIL & EROSION CONT. PERMIT  YES  NO  
 CHK OCCUPANCY TYPE  RESIDENTIAL SINGLE FAMILY  SINGLE FAMILY DUPLEX  
 COMMERCIAL (List Type) \_\_\_\_\_

<b>NEW CONSTRUCTION:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>ADDITION/ALTERATION/UPFIT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
COST: BUILDING \$ _____	TYPE OF CONSTRUCTION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
PLUMBING \$ _____	<b>TOTAL HTD SQFT: 1<sup>ST</sup> FLOOR</b> _____
HEATING \$ _____	<b>2<sup>ND</sup> FLOOR</b> _____ <b>BSMT</b> _____ <b>OTHER</b> _____
ELECTRICAL \$ _____	PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL COST \$ _____	CORRECTIONS: _____

\*REQUIRED PLANS ARE: FLOOR PLAN(S), FOUNDATION/FRAMING PLAN, ELEVATIONS AND SITE PLAN/PLAT MAP. FOR COMMERCIAL JOBS APPLICANT MUST SUBMIT A COMPLETED COPY OF APPENDIX B.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE OF INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*THE NORTH CAROLINA BUILDING CODE VOLUME I – X WILL BE USED. OFFICE HOURS ARE 8:30 AM – 5:00 PM MONDAY THROUGH FRIDAY.