

INSPECTIONS DEPARTMENT

APPLICATION FOR RESIDENTIAL/COMMERCIAL CONSTRUCTION

BUILDING/ZONING PERMIT

8265
TEL: (336) 983-~~XXXX~~

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) _____

| | |
|---|--|
| NEW CONSTRUCTION: <input type="checkbox"/> YES <input type="checkbox"/> NO | ADDITION/ALTERATION/UPFIT: <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 \$ _____ | TOTAL HTD SQFT: 1ST FLOOR _____ |
| HEATING \$ _____ | 2ND FLOOR _____ BSMT _____ OTHER _____ |
| 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.