PERMIT APPLICATION INFORMATION SHEET

The following information is required on all permit applications. Additional information may be included to ensure that all state and local laws are complied with. This information may be arranged in any order and the following outline is only the minimum information required.

City/County Name _____

Inspection Department _____

Permit Application _____

Applicant Name _____ Date ___ / ___ / ___

Project Address _____

Total Project Cost _____ Electrical Cost _____

Subdivision _____ Block # _____ Lot # _____

Developer _____ Phone # (_____) _____ - _____ E-Mail _____

Property Owner _____ Phone # (_____) _____ - _____ E-Mail _____

Address _____ City _____ State ___ ZIP _____

Project Contact _____ Phone # (_____) _____ - _____ E-Mail _____

Address _____ City _____ State ___ ZIP _____

Description of Proposed Work _____

Type of Building: ___New ___Existing ___Addition ___N/A

Type of Construction: ___IA ___IB ___IIA ___IIB ___IIIA ___IIIB ___IV ___VA ___VB

Occupancy: ___A-1 ___A-2 ___A-3 ___A-4 ___A-5 ___B ___E ___F-1 ___F-2

___H-1 ___H-2 ___H-3 ___H-4 ___H-5 ___I-1 ___I-2 ___I-3 ___I-4

___M ___R-1 ___R-2 ___R-3 ___R-4 ___S-1 ___S-2 ___U

Equipment: ___New ___Existing ___Addition ___N/A

Property Use: ___Single Family ___Two Family ___Townhouse

___Apartment ___Condominium

___Other (Library, Office, Etc.)

Building Area: Total Area (sf) _____ Area per floor (sf) _____

Building Height: Feet _____ # of Stories _____

State Agency Approvals:

NC Department of Insurance ___Yes ___No ___N/A

Plan Approval___ # of Sheets ___ Date ___ / ___ / ___

Specifications ___ # of Sheets ___ Date ___ / ___ / ___

NC Department of Labor ___Yes ___No ___N/A

Elevators ___ Date ___ / ___ / ___ Boilers ___ Date ___ / ___ / ___

Utilities Approvals:

Water: ___Public ___Private ___Private Health Dept. Permit # _____

Sewer: ___Public ___Private ___Private Health Dept. Permit # _____

Place X and complete additional information for each permit type needed.

___**General Construction Permit**

Contractor Name _____ Phone # (_____) _____ - _____ E-Mail _____

Address _____ City _____ State _____ ZIP _____

License # _____ Classification _____

Design Professional _____ Phone # (_____) _____ - _____ E-Mail _____

____Architect ____Engineer NC Reg. # _____

____Owner ____Other

Address _____ City _____ State _____ ZIP _____

___**Electrical Permit**

Contractor Name _____ Phone # (_____) _____ - _____ E-Mail _____

Address _____ City _____ State _____ ZIP _____

License # _____ Classification _____

Design Professional _____ Phone # (_____) _____ - _____ E-Mail _____

____Architect ____Engineer NC Reg. # _____

____Owner ____Other

Address _____ City _____ State _____ ZIP _____

___**Mechanical Permit**

Contractor Name _____ Phone # (_____) _____ - _____ E-Mail _____

Address _____ City _____ State _____ ZIP _____

License # _____ Classification _____

Design Professional _____ Phone # (_____) _____ - _____ E-Mail _____

____Architect ____Engineer NC Reg. # _____

____Owner ____Other

Address _____ City _____ State _____ ZIP _____

___**Plumbing Permit**

Contractor Name _____ Phone # (_____) _____ - _____ E-Mail _____

Address _____ City _____ State _____ ZIP _____

License # _____ Classification _____

Design Professional _____ Phone # (_____) _____ - _____ E-Mail _____

____Architect ____Engineer NC Reg. # _____

____Owner ____Other

Address _____ City _____ State _____ ZIP _____

___**Sprinkler Protection Permit**

Contractor Name _____ Phone # (_____) _____ - _____ E-Mail _____

Address _____ City _____ State _____ ZIP _____

License # _____ Classification _____

Design Professional _____ Phone # (_____) _____ - _____ E-Mail _____

____Architect ____Engineer NC Reg. # _____

____Owner ____Owner

Address _____ City _____ State _____ ZIP _____

Place X and complete additional information for each permit type needed.

___**Fire Alarm System Permit**

Contractor Name _____ Phone # (_____) _____ - _____ E-Mail _____

Address _____ City _____ State _____ ZIP _____

License # _____ Classification _____

Design Professional _____ Phone # (_____) _____ - _____ E-Mail _____

____Architect ____Engineer NC Reg. # _____

____Owner ____Other

Address _____ City _____ State _____ ZIP _____

___**Sign Permit**

Location of Sign _____ Address _____

____Off Premises Sign ____Wall Sign ____Ground Sign ____Awning Sign

____Projection Sign ____Special Event Sign ____Other

Sign/Business Owner_____ Phone # (_____) _____ - _____ E-Mail _____

Address _____ City _____ State _____ ZIP _____

Contractor Name _____ Phone # (_____) _____ - _____ E-Mail _____

Address _____ City _____ State _____ ZIP _____

___**Accessory Structures Permit**

___Accessory Building ___Size _____ Sq. ft.

___Solid Fence ___ Dish Antenna ___ Swimming Pool ___Other

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent Signature _____