

Location of Construction Street Address _____

Subdivision _____ Lot No. _____

General Construction Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State ____ Zip _____

License # _____ Classification _____ Privilege License # _____

Design Professional _____ Telephone # _____
 Architect Engineer / NC Reg. # _____ Owner Other

Address _____ City _____ State ____ Zip _____

Insulation Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State ____ Zip _____

License # _____ Classification _____ Privilege License # _____

Electrical Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State ____ Zip _____

License # _____ Classification _____ Privilege License # _____

Design Professional _____ Telephone # _____
 Architect Engineer / NC Reg. # _____ Owner Other

Address _____ City _____ State ____ Zip _____

Ampere Rating of Service _____ New Add Change Service
 Temporary Service Mobile Home Reconnect Other _____

Mechanical Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State ____ Zip _____

License # _____ Classification _____ Privilege License # _____

Design Professional _____ Telephone # _____
 Architect Engineer / NC Reg. # _____ Owner Other

Address _____ City _____ State ____ Zip _____

***** CONTINUED ON BACK *****

Owner/Agent Signature required at conclusion of form

Plumbing Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Classification _____ Privilege License # _____

Design Professional _____ Telephone # _____
 Architect Engineer / NC Reg. # _____ Owner Other

Address _____ City _____ State _____ Zip _____

Sprinkler Protection Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Classification _____ Privilege License # _____

Design Professional _____ Telephone # _____
 Architect Engineer / NC Reg. # _____ Owner Other

Address _____ City _____ State _____ Zip _____

Fire Alarm System Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Classification _____ Privilege License # _____

Design Professional _____ Telephone # _____
 Architect Engineer / NC Reg. # _____ Owner Other

Address _____ City _____ State _____ Zip _____

Mobile Home Permit

Set-up Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Privilege License # _____

Make _____ Year Model _____ Serial # _____ UL/HUD _____

Accessory Structures Permit Accessory Building Size _____ sq. ft.
 Swimming Pool Above Ground In Ground Other _____

I 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 _____