

**APPENDIX A
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 ___ Other
Address _____ City _____ State _____ ZIP _____

___ 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 _____