



COUNTY OF DUPLIN

BUILDING INSPECTIONS DEPARTMENT
PO BOX 950, 209 SEMINARY STREET,
KENANSVILLE, NC 28349
(910) 296-2124 FAX: (910) 296-2166

PERMIT APPLICATION

CHECK TYPE OF PERMIT: BUILDING [] ELECTRICAL [] MECHANICAL [] PLUMBING [] FUEL PIPING [] MANUFACTURED SET UP [] MODULAR SET UP [] RELOCATED BLDG. []

PROPERTY OWNER		OWNER'S PHONE #
911 ADDRESS OF PROJECT		TOWN
SELECT OCCUPANCY TYPE: ASSEMBLY BUSINESS EDUCATIONAL FACTORY HAZARDOUS INSTITUTIONAL MERCANTILE SINGLE FAMILY RESIDENTIAL DUPLEX RESIDENTIAL MULTI RESIDENTIAL STORAGE UTILITY POULTRY/LIVESTOCK		PARCEL #
CONTRACTOR COMPANY NAME		LICENSE NUMBER / TYPE
CONTRACTOR ADDRESS		TOWN
CONTRACTOR EMAIL		CONTRACTOR PHONE #
CONTACT PERSON	CONTACT EMAIL	CONTACT PHONE #
SCOPE OF WORK:		MANUFACTURED OR MODULAR SIZE OF SET UP: LENGTH: _____ X WIDTH: _____ TOTAL SQUARE FOOTAGE OF UNIT: _____ YEAR MODEL OF UNIT: _____
NEW CONSTRUCTION: _____; ADDITION: _____; UPFIT: _____; REPAIR: _____; RENOVATION: _____;		
SQUARE FOOTAGE OF WORK AREA _____; BUILDING WIDTH _____ LENGTH _____ SIZE OF ELECTRICAL SERVICE _____ AMPS; # OF HEAT/ AC UNITS _____ NUMBER OF BARN OR POULTRY HOUSES _____; # OF PLUMBING FIXTURES: _____		COST OF CONSTRUCTION \$

I wish to perform the work on my personal home, business, or property located at the above address which is owned by myself, I further attest that the work to be performed will not be performed by anyone other than myself solely. I further understand that I am responsible for obtaining all inspections, making any corrections and paying any inspection fees that may result. Any such fees must be paid in full prior to final inspections. I understand that if I decide not to perform the work myself and choose to hire someone else, that individual must be properly licensed and must obtain their own permit in accordance with North Carolina General Statutes. Failure to comply with these statutes may result in action by the appropriate NC Licensing Board. It shall further result in permit(s) being revoked. I attest under penalties of perjury that all statements on this form are true.

Owner's Signature: _____, Attested to, this date _____, 20_____

I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspection Dept. will be notified of any changes in the approved plans and specifications for the project permitted herein. If the property is in the Floodplain, an Elevation Certificate must be submitted prior to construction & that this is not an authorization to begin work. Work may only commence after approval and issuance of the permit. Re Inspection fees are \$50 per trip.

Contractor Signature: _____, Attested to, this date: _____, 20_____