



# COUNTY OF DUPLIN

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

Duplin County Building Inspections Department requires the licensed contractor to personally appear in our office to submit and pay for permits. Although not recommended, the licensed contractor may fill out this form, sign it and have it notarized and return it to our office, allowing a bonafide employee of the company to obtain a permit under contractor's license number. This information will be kept on file in our office and identification may be required. Contractors need to renew every year.

DATE: \_\_\_\_\_

What type of license do you possess?

- \_\_\_\_ Building NC License # \_\_\_\_\_
- \_\_\_\_ Electrical NC License # \_\_\_\_\_
- \_\_\_\_ Plumbing NC License # \_\_\_\_\_
- \_\_\_\_ Mechanical NC License # \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Contractor's Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Contractor

I, \_\_\_\_\_, a Notary Public for \_\_\_\_\_ County and the State of \_\_\_\_\_  
\_\_\_\_\_ do hereby certify that \_\_\_\_\_, personally  
appeared before me this date and acknowledged the due execution of the foregoing instrument.  
Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature  
(seal)

My Commission Expires \_\_\_\_\_

Please list the bonafide employees that you desire to allow to obtain permits under your license number. The licensee is liable for all work performed under the license number listed above and by the permits issued by this office. \*\* Form must be renewed every year.

\_\_\_\_\_  
Bonafide Employee's Name (Please print)

\_\_\_\_\_  
Bonafide Employee's Name (Please print)