



BUILDING INSPECTIONS DEPARTMENT
 PO BOX 950, 209 SEMINARY ST.
 KENANSVILLE, NC 28349
 PHONE: (910) 296-2124 FAX: (910) 296-2166
 EMAIL: INSPECTIONS@DUPLINCOUNTYNC.COM

PERMIT APPLICATION

CHECK PERMIT TYPE: BUILDING ELECTRICAL MECHANICAL PLUMBING FUEL PIPING MANUFACTURED SET UP MODULAR SET UP

RELOCATED BUILDING: PREVIOUS OWNER: _____ PREVIOUS ADDRESS: _____

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

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 CORRECTION 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 STATUES 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 _____

DATE: _____

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. REINSPECTION FEES ARE \$50.00 PER TRIP.

CONTRACTOR'S SIGNATURE _____

DATE: _____