

# COUNTY OF PASQUOTANK

Building Inspector's Office

Post Office Box 39

Elizabeth City, NC 27909-6733

Phone (252) 338-1144 • Fax (252) 377-6733

Office Hours: 8:00 am to 9:30 am Monday-Friday



Bobby Micklewright  
Stanley Ward  
Inspectors

## Commercial Building application

### 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.

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 \_\_\_\_\_

NICET# \_\_\_\_\_

Design Professional \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_ Architect \_\_\_\_\_ Engineer NC Reg. # \_\_\_\_\_

\_\_\_\_ Owner \_\_\_\_ Owner

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Place X and complete additional information for each permit type needed.

**\_\_\_\_ Fire Alarm System Permit**

Contractor Name \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

License # \_\_\_\_\_ Classification \_\_\_\_\_

NICET# \_\_\_\_\_

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.**

Date \_\_\_\_\_

Owner/Agent Signature \_\_\_\_\_