



COUNTY OF PASQUOTANK

Building Inspector's Office

Inspectors: Stanley Ward and Bobby Micklewright

P.O. Box 39 Elizabeth City, NC 27909

Phone: (252) 338-1144 / Fax: (252) 337-6733

Inspector Office Hours: 8:00 am to 10:00 am, Monday through Friday

COMMERICAL BUILDING APPLICATION

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 #: _____ Email Address: _____

Property Owner: _____

Phone #: _____ Email Address: _____

Address: _____

Project Contact: _____

Phone #: _____ Email Address: _____

Address: _____

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 Total Area SF: _____ Area SF per Floor: _____

Building Height: _____ # 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 #: _____ Email address: _____

Address: _____

License #: _____ Classification: _____

Design Professional: _____

Phone #: _____ Email address: _____

Architect: _____ Owner Other Engineer NC Reg. #: _____

Address: _____

___ Electrical Permit

Contractor Name: _____

Phone #: _____ Email address: _____

Address: _____

License #: _____ Classification: _____

Design Professional: _____

Phone #: _____ Email address: _____

___ Architect: _____ ___ Owner ___ Other Engineer NC Reg. #: _____

Address: _____

___ Mechanical Permit

Contractor Name: _____

Phone #: _____ Email address: _____

Address: _____

License #: _____ Classification: _____

Design Professional: _____

Phone #: _____ Email address: _____

___ Architect: _____ ___ Owner ___ Other Engineer NC Reg. #: _____

Address: _____

___ Plumbing Permit

Contractor Name: _____

Phone #: _____ Email address: _____

Address: _____

License #: _____ Classification: _____

Design Professional: _____

Phone #: _____ Email address: _____

___ Architect: _____ ___ Owner ___ Other Engineer NC Reg. #: _____

Address: _____

Sprinkler Protection Permit

Contractor Name: _____

Phone #: _____ Email address: _____

Address: _____

License #: _____ Classification: _____

NICET#: _____

Design Professional: _____

Phone #: _____ Email address: _____

Architect: _____ Owner Other Engineer NC Reg. #: _____

Address: _____

Fire Alarm System Permit

Contractor Name: _____

Phone #: _____ Email address: _____

Address: _____

License #: _____ Classification: _____

NICET#: _____

Design Professional: _____

Phone #: _____ Email address: _____

Architect: _____ Owner Other Engineer NC Reg. #: _____

Address: _____

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: _____ Email address: _____

Address: _____

Contractor Name: _____

Phone #: _____ Email address: _____

Address: _____

___ Accessory Structures Permit

___ Accessory Building: Type _____ Size ____ x ____

___ Solid Fence: Height _____

___ Dish Antenna

___ Swimming Pool: Size ____ x ____ Deck Size: ____ x ____

___ 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, 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 Print Name: _____

Owner/Agent Signature: _____