

1784
ROCKINGHAM
NORTH CAROLINA
A CITY LOOKING FORWARD
Building Permit Application

Applicant Name _____ Date _____

Project Address _____

Total Project Cost \$ _____ Electrical Cost \$ _____

Site Directions _____

Description of Proposed Work _____

Subdivision _____ Unit/Block No. _____ Lot No. _____

Property Location: (circle one) City With-in 1 Mile of City Limits Do Not Know

Is this property within a designated flood zone? ___ Yes ___ No Tax Map ID: _____

Property Owner _____ Telephone No. _____

Owner Address _____ City _____ State _____ Zip _____

Project Contact Person _____ Telephone No. _____

Address _____ City _____ State _____ Zip _____

Developer _____ Telephone No. _____

Type of Building: (circle one) New Existing Addition Not Applicable

Type of Construction: (circle one) I II III IV V

Occupancy: (circle one) 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 R1 R2 R3 R4 S1 S2 U Mixed

Bldg Height: _____ Feet No. of Stories _____

Bldg Area: Total Area sq. ft. _____ Area per floor sq. ft. _____

Property Use: (circle one) Single Family Townhouse Two Family Apartment Condominium Other (Library, Office, Etc.) _____

Square Footage:	Finished Heated	Unfinished Areas
	_____ sq.ft.	_____ sq. ft.
Basement	_____ sq.ft.	Crawl Space _____ sq. ft.
1st Floor	_____ sq.ft.	Basement _____ sq. ft.
2nd Floor	_____ sq.ft.	Garage _____ sq. ft.
3rd Floor	_____ sq.ft.	Carport _____ sq. ft.
4th Floor	_____ sq.ft.	Deck (s) # _____ sq. ft.
		Porch (es) # _____ sq. ft.
		Other _____ sq. ft.
TOTAL	_____ sq.ft.	TOTAL _____ sq.ft.

No. Bedrooms _____ No. Baths (completed) _____ (roughed in) _____ No. Fireplaces _____
 Fireplace Type: _____ Type of Heat: _____ Gas: yes ___ no ___ LP or Natural : _____

Utilities: Water: _____ Public _____ Private _____ Private Health Dept. Permit # _____
 Sewer: _____ Public _____ Septic _____ Private Health Dept. Permit # _____
 Electric: _____ CP&L _____ Pee Dee _____

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

General Construction Permit

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____

License # _____ Classification _____

Design Professional _____ Telephone # _____

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

Address _____ City _____ State _____ Zip _____

Electrical Permit

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____

License # _____ Classification _____

Design Professional _____ Telephone # _____

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

Address _____ City _____ State _____ Zip _____

Mechanical Permit

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____

License # _____ Classification _____

Design Professional _____ Telephone # _____

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

Address _____ City _____ State _____ Zip _____

Plumbing Permit

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____

License # _____ Classification _____

Design Professional _____ Telephone # _____

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

Address _____ City _____ State _____ Zip _____

Insulation Permit

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____

Sprinkler Protection Permit

Contractor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____

License # _____ Classification _____

Design Professional _____ Telephone # _____

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

Address _____ City _____ State _____ Zip _____

Fire Alarm System Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Classification _____

Design Professional _____ Telephone # _____

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

Address _____ City _____ State _____ Zip _____

Sign Permit

Location of Sign _____ Address _____

____ Off Premises Sign ____ Wall Sign ____ Ground Sign ____ Awing Sign

____ Projection Sign ____ Special Event Sign Other: _____

Sign/Business Owner _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Accessory Structures Permit

____ Accessory Bldg _____ Size _____ sq. ft.
____ Solid Fence ____ Dish Antenna ____ Swimming Pool Other: _____

State Agency Approvals:

NC Dept. of Insurance:	Yes	No	N/A
Plan Approval	_____	# of Sheets	_____ Date _____
Specifications	_____	# of Sheets	_____ Date _____
NC Dept of Labor:	Yes	No	N/A
Elevators Date	_____	Boilers	_____ Date _____

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 Dept. will be notified of any changes in the approval plans and specifications for the project permitted herein.

Owner/Agent Signature **Print Name** **Date**

OFFICE USE ONLY

Permit Fee	\$ _____	Well: _____
HRF Fee	\$ _____	Septic Prelim: _____
		Final: _____
TOTAL	\$ _____	# Bedrooms: _____

Received By: _____
Date: _____

Approved By **Date** **Permit Number**