COUNTY OF DUPLIN

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

TRADE PERMIT APPLICATION FOR CONTRACTORS

PLEASE CIRCLE THE TYPE OF CONTRACTOR: ***ELECTRICAL*** ***MECHANICAL*** ***PLUMBING*** ***FUEL PIPING***

PROPERTY OWNER	***OWNER'S PHONE #***
911 ADDRESS OF PROJECT	***TOWN***
OCCUPANCY TYPE: *ASSEMBLY BUSINESS EDUCATIONAL FACTORY HAZARDOUS INSTITUTIONAL MERCANTILE SINGLE FAMILY RESIDENTIAL DUPLEX RESIDENTIAL MULTI RESIDENTIAL STORAGE UTILITY*	***PARCEL #***
CONTRACTOR COMPANY NAME	***LICENSE NUMBER / TYPE***
CONTRACTOR ADDRESS	***TOWN***
CONTRACTOR EMAIL	***CONTRACTOR PHONE #***
CONTACT PERSON	***CONTACT PHONE #***
SCOPE OF WORK:	***IF WORK PERFORMED IS A HEAT/ AC CHANGEOUT, WAS THE DUCTWORK REPLACED?_____ IF DUCTWORK WAS REPLACED, WAS THE DUCT IN THE ATTIC_____ OR CRAWLSPACE_____. IF LOCATED IN THE ATTIC, A LADDER WILL BE REQUIRED FOR INSPECTION AND THE OWNER OR CONTRACTOR MUST BE PRESENT FOR THE INSPECTION.***
# OF PLUMBING FIXTURES: _____; SIZE OF ELECTRICAL SERVICE _____ AMPS; # OF HEAT/ AC UNITS _____ TONNAGE OF EACH UNIT_____, _____, _____; NUMBER OF BARNS OR POULTRY HOUSES _____	***COST OF CONSTRUCTION $_____***

I 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. Failure to obtain a permit will result in a Stop Work Order and a $150 fine will be assessed. Reinspection fees are $50 per trip.

Applicant Signature:_____ ***DATE: _____/_____/20_____***

FOR OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE

PERMIT NUMBER: _____-_____ ***ISSUE DATE: _____/_____/20_____*** ***ISSUED BY: _____***