



NORTH CAROLINA

Be an original.

# Rowan County Building Inspections Department PERMIT APPLICATION

402 North Main St. Suite 207, Salisbury • Phone: 704.216.8619

Single Family  Two Family  Commercial  Mobile Home  Modular

Company OR Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Company OR Applicant's Phone: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Property Owner's Phone: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Property Owner's Email: \_\_\_\_\_

Directions to Job Site (REQUIRED): (from 402 N Main St) \_\_\_\_\_

**BUILDING PERMIT****Total Project Cost \$** \_\_\_\_\_ **Building Permit Fee \$** \_\_\_\_\_**Plumbing:** [ Mark Number of Each Fixture/Connection ]

\_\_\_\_ Commodes      \_\_\_\_ Sinks  
 \_\_\_\_ Lavatories      \_\_\_\_ Washing Machines  
 \_\_\_\_ Bathtubs      \_\_\_\_ Dishwashers  
 \_\_\_\_ Showers      \_\_\_\_ Disposals

New Water /Sewer Connection:  Yes  No

\_\_\_\_ Floor Drains      \_\_\_\_ Water Heater – Elec  
 \_\_\_\_ Water Heater – Gas      \_\_\_\_ Water/Sewer Service  
 \_\_\_\_ Water/Sewer Connections  
 \_\_\_\_ Bidets  
 \_\_\_\_ Urinals  
 \_\_\_\_ Other: \_\_\_\_\_

Description of Work: \_\_\_\_\_

**Plumbing Permit:** \_\_\_\_\_ **Plumb Permit Fee \$** \_\_\_\_\_**Mechanical:** Gas:  Yes  No Gas Company:(REQUIRED) \_\_\_\_\_ # Gas Connects/Appliances: \_\_\_\_\_

BTUs: \_\_\_\_\_ Air Tons: \_\_\_\_\_ Number of Units: Split Units: \_\_\_\_\_ Package Units: \_\_\_\_\_ Gas Pac Units: \_\_\_\_\_

Description of Work: \_\_\_\_\_

**Mechanical Permit:** \_\_\_\_\_ **Cond. Gas Permit:** \_\_\_\_\_ **Mech Permit Fee \$** \_\_\_\_\_**Electrical:** Power Company: (REQUIRED) \_\_\_\_\_New Service: Amperage: \_\_\_\_\_ Voltage: \_\_\_\_\_ Phase:  Single  3 Phase Is this a RECONNECT?  Yes  NoChange of Service:  Yes  No If Change of Service, Amperage from \_\_\_\_\_ to \_\_\_\_\_ Change of Phase:  Yes  NoBuilder's Service:  Yes  No  Swimming Pool  Low Voltage  SOLAR PV KVA (REQUIRED) \_\_\_\_\_

Description of Work: \_\_\_\_\_

**Elect:** \_\_\_\_\_ **Bldr Srv:** \_\_\_\_\_ **Cond:** \_\_\_\_\_ **Elect Permit Fee \$** \_\_\_\_\_

Permit No. \_\_\_\_\_

Map/Parcel \_\_\_\_\_

**Total Permit Fee \$** \_\_\_\_\_

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 Rowan County Building Code Enforcement Office will be notified of any changes in the approved plans and specifications for the project permitted herein.

**\*LICENSED CONTRACTOR INFORMATION\***

I confirm I am the holder of a North Carolina Contractor's License in accordance with North Carolina General States 87-1, 87-21, 87-43 and/or 87-57, in the trade shown below. I confirm I am the contractor of record of the work described on this application. Therefore, I agree to comply with all applicable State and Local laws and ordinances regulating the work.

**General or MH Set Up:** \_\_\_\_\_ Phone: \_\_\_\_\_ Lic: \_\_\_\_\_

Email: \_\_\_\_\_ Print Name: \_\_\_\_\_

Addr.: \_\_\_\_\_ Signature: \_\_\_\_\_

**Plumbing:** \_\_\_\_\_ Phone: \_\_\_\_\_ Lic: \_\_\_\_\_

Email: \_\_\_\_\_ Print Name: \_\_\_\_\_

Addr.: \_\_\_\_\_ Signature: \_\_\_\_\_

**Mechanical:** \_\_\_\_\_ Phone: \_\_\_\_\_ Lic: \_\_\_\_\_

Email: \_\_\_\_\_ Print Name: \_\_\_\_\_

Addr.: \_\_\_\_\_ Signature: \_\_\_\_\_

**Electrical:** \_\_\_\_\_ Phone: \_\_\_\_\_ Lic: \_\_\_\_\_

Email: \_\_\_\_\_ Print Name: \_\_\_\_\_

Addr.: \_\_\_\_\_ Signature: \_\_\_\_\_

**Unlicensed GC:** \_\_\_\_\_ Phone: \_\_\_\_\_  Contract < \$40,000

Email: \_\_\_\_\_ Print Name: \_\_\_\_\_

Addr.: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing, I confirm that this my contract for this permitted work is less than \$40,000, the work is general construction only, and that the property owner is aware that I am an unlicensed contractor acting under NCGS 87-14, exemption for projects less than \$40,000.

**Owner acting as Trade Contractor ( Plumbing,  Mechanical,  Electrical):**  Personal Residence  Firm/Corp.

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Print Name: \_\_\_\_\_

Addr.: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_