



Rowan County Building Inspections Department
PERMIT APPLICATION

402 North Main St. Suite 207, Salisbury • Phone: 704.216.8619 • Fax: 704.216.7986

Single Family Two Family Commercial Mobile Home Modular

TAX ASSESSOR (Rm. 201) Must sign before Permit is issued
Permit No.
Map/Parcel
Issue Enter

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
Type of Work: New Addition Renovation Upfit Accessory Shell Demolition Other
Proposed Use Type of Construction IA IB IIA IIB IIIA IIIB IV VA VB
Description of Work:
Commercial: Residential: Manufactured Home:
Building Area (sq. ft.): No. Bedrooms: No. Fireplaces: Make: Year:
Project Area (sq.ft.): 1st Floor (sq.ft.): 2nd Floor (sq.ft.):
Number of Stories: Attached Garage/Carport (sq.ft.):
Sprinklers: NFPA13 NFPA13R / D TOTAL ATTACHED sq ft.:
Multi-family No. Units: DETACHED Garage/Carport (sq.ft.):
Total Project Cost \$ Building Permit Fee \$

P. M. & E PERMITS
Plumbing: [Mark Number of Each Fixture/Connection] New Water /Sewer Connection: Yes No
Commodes Sinks Floor Drains Water/Sewer Connections
Lavatories Washing Machines Water Heater - Elec Bidets
Bathtubs Dishwashers Water Heater - Gas Urinals
Showers Disposals Water/Sewer Service 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 No
Change of Service: Yes No If Change of Service, Amperage from to Change of Phase: Yes No
Builder's Service: Yes No Swimming Pool Low Voltage SOLAR PV KVA (REQUIRED)
Description of Work:
Elect: Bldr Srv: Cond: Elect Permit Fee \$

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 < \$30,000**

Email: _____ Print Name: _____

Addr.: _____ Signature: _____ Date: _____

By signing, I confirm that this my contract for this permitted work is less than \$30,000, 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 \$30,000.

Owner acting as Contractor: Personal Residence Firm/Corp. ****Please sign separate form****

Credit Card Authorization
VISA, MASTERCARD AND AMERICAN EXPRESS ONLY

This form authorizes payment by credit card for monetary transactions by Rowan County Building Inspections. This includes but is not limited to building or trade permits, re-inspection fees, plan review, conditional power, etc. This form may be faxed, mailed or delivered in person. This form will not be accepted via email.

Building Electrical Plumbing Mechanical

Permit Number associated with re-inspection fee _____

CHECK TYPE OF CARD: MasterCard Visa American Express

CARD NUMBER _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON THE CARD: _____

CARD HOLDER SIGNATURE: _____

BILLING ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (____) ____ - _____

EMAIL ADDRESS: _____

RETURN THIS FORM TO: **Rowan County Building Inspections**
 402 N. Main Street Suite 207
 Salisbury, NC 28144
 Or by fax: 704-216-7986

This Credit Card Authorization Form will not be kept on file for future use.