

**IREDELL COUNTY DEPARTMENT OF PLANNING & ENFORCEMENT  
INSPECTION DIVISION  
BUILDING PERMIT APPLICATION  
P. O. BOX 788  
227 S. CENTER ST.  
STATESVILLE, NC 28687  
TELEPHONE: (704) 878-3113  
FAX: (704) 878-3171**

ACCOUNT #: \_\_\_\_\_ DATE: \_\_\_\_\_ FEE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

PARCEL #: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ ZONING: \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_

LOCATION OF JOB: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_

ESTIMATED COST: \$ \_\_\_\_\_

DESIGN PROF. / CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

DEPARTMENT OF INSURANCE APPROVAL: \_\_\_\_\_

CITY SEWER: \_\_\_\_\_ HEALTH DEPT.: \_\_\_\_\_ HEALTH: IMPROVE: \_\_ COMPLETE: \_\_

PROJECT DESCRIPTION: \_\_\_\_\_

TYPE OF BUILDING: \_\_\_\_\_ TYPE OF CONSTRUCTION: \_\_\_\_\_

OCCUPANCY: \_\_\_\_\_

USE OF PROPERTY: \_\_\_\_\_

NO. OF STORIES: \_\_\_\_\_ NO. OF BATHS: \_\_\_\_\_ NO. OF BEDROOMS: \_\_\_\_\_

AREA OF BUILDING (SF): \_\_\_\_\_ HEATED AREA: \_\_\_\_\_ UNHEATED AREA: \_\_\_\_\_

ADDITIONAL PERMITS REQUIRED: ELEC. ( ) MECH. ( ) PLUMB. ( ) OTHER ( ) \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT AND ALL WORK WILL COMPLY WITH THE STATE 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. THIS APPLICATION BECOMES A PERMIT ONLY WHEN VALIDATED AND APPROVED. THE PERMIT PLACARD WILL BE POSTED AT JOB SIGHT.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

OWNER: ( ) AGENT: ( )

**A NON-REFUNDABLE \$45.00 APPLICATION FEE IS INCLUDED  
IN THE CHARGES ON ALL PERMITS.**