

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 Two Family Apartment Condominium  
 Townhouse 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.
<b>TOTAL</b>	<b>_____ sq. ft.</b>	<b>TOTAL _____ sq. ft.</b>

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: _____
<b>TOTAL</b>	<b>\$ _____</b>	# Bedrooms: _____

Received By: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
**Approved By                      Date                      Permit Number**