

TOWN OF BURGAW

INSPECTIONS DEPARTMENT PERMIT APPLICATION

PERMIT NO. _____

DATE _____

OWNER/AGENT: _____

ADDRESS: _____ PHONE# _____

CONTRACTOR _____

N.C. LICENSE # _____ CONTRACTOR'S PHONE

() BLDG. () ELEC. () PLUMBING () INSUL. () MECHANICAL () CHANGE OUT

() RELOCATE () TEMP. POLE () REMODEL () GAS LINE () UPGRADE

() ADDITION _____ SQ.FT. () GEN. REPAIR () MOBILE HOME () DEMO

NAME

LIC#

PHONE #

BUILDING _____

ELECTICAL _____

PLUMBING _____

MECHANICAL _____

INSULATION _____

GAS LINE INSTALL _____

SPECIFICATION

MOBILE HOMES

UTILITIES

COST: _____

YEAR _____

SEWER ___ PUBLIC ___ PRIVATE

SQ FT _____

MAKE _____

WATER ___ PUBLIC ___ PRIVATE

FIXTURES _____

D WIDE _____

() CP&L () FCEMC

HEATING _____

MODULAR _____

AIR COND _____

DIMENSIONS _____

THIS SECTION IS FOR OFFICE USE ONLY

FEE CALCULATION

1. BUILDING _____

2. ELECTRICAL _____

3. PLUMBING _____

4. MECHANICAL _____

5. INSULATION _____

6. MOBILE HOME _____

7. DEMOLITION _____

8. GAS LINE _____

9. NC RECOVERY FEE G.S. 87-156 _____

10. ZONING CLEARANCE _____

11. OTHER APPLICABLE FEES _____

TOTAL _____

Applicant Signature _____ Date _____

Inspector Signature _____ Date _____