



Permit Number: _____

Town of Burgaw - Inspections Department

Permit Application

109 N. Walker St. • Burgaw • NC • 28425 • 910-259-6644

Single Family Two Family Commercial Mobile Home Modular

Property Owner: _____

Property Address: _____ Owners Phone: _____

No. _____ Street _____

PIN #: _____ Flood Development Permit Required? Yes No

APPLICANT

General Contractor Plumbing Mechanical Electrical Unlicensed GC Owner

Name: _____

Company: _____

Address: _____ City _____ ST _____ Zip _____

Office Phone: _____

Contractor Contact Phone: _____ Email: _____

NC License Number: _____

BUILDING PERMIT

Type of Work: New Addition Renovation Repair Accessory Demo Other

Proposed Use: _____

Description of Work: _____

Commercial:

Building Area (sq.ft.): _____

Project Area (sq.ft.): _____

Project Cost: \$ _____

Residential:

No. Bedrooms: _____

1st Floor (sq.ft.): _____

2nd Floor (sq.ft.): _____

Porch/Deck (sq.ft.): _____

Attached Garage (sq.ft.): _____

Total Attached (sq.ft.): _____

Project Cost: \$ _____

Manufactured Home:

Singlewide Doublewide

Year: _____

Wind Zone: _____

Other:

Pool: _____

Accessory(ft.xft.) _____

Other: _____

TRADE PERMIT

PLUMBING New Addition Alteration Replacement Other _____

Description of Work: _____

Number of Fixtures: _____

MECHANICAL New Change-out Duct work Location of Unit(s): _____

Number of Units: _____ Tonnage: _____ BTU's: _____ (Nat / LP)

Description of Work: _____

GAS PIPING Natural Gas LP Gas (Drawing may be required)

Appliances and BTU's of each: _____

Pressure: 2# 7" Water Column Other: _____

Length of Pipe: _____ Type of Pipe: _____ Table Used: _____

Description of Work: _____

ELECTRICAL New Service Upgrade Electrical Verification Temp. Pole Wiring

Amp: _____ Number of Outlets: _____

Description of Work: _____

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 Town of Burgaw Building Inspections Departments will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Signature: _____ Date: _____