



**PERSON COUNTY INSPECTIONS DEPARTMENT**

**\*\*\*BUILDING PERMIT APPLICATION\*\*\***

325 S. MORGAN ST. SUITE A, ROXBORO, NC 27573

PHONE: (336) 597-0570

FAX: (336)598-6838

PERMIT # \_\_\_\_\_

[www.personcounty.net](http://www.personcounty.net)

**\*\*\*Application & Signatures must be completed before Building Permit will be issued\*\*\***

**CONTRACTOR INFORMATION**

Name	License #	Phone #	Signature
Building: _____	_____	_____	_____
Electrical: _____	_____	_____	_____
Plumbing: _____	_____	_____	_____
Mechanical: _____	_____	_____	_____

Work to be permitted (Check all that apply)     Residential     Non-Residential     Other \_\_\_\_\_

Dimensions of building: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Height: \_\_\_\_\_ Bldg. Area: \_\_\_\_\_ s.f.  
(include heated & unheated)

House \_\_\_\_\_ s.f.     Basement \_\_\_\_\_ s.f.     Modular \_\_\_\_\_ s.f.     Deck/Porch \_\_\_\_\_ s.f.

Garage \_\_\_\_\_ s.f.     Pool \_\_\_\_\_ size     Acc. Bldg. \_\_\_\_\_ s.f.     Duplex \_\_\_\_\_ s.f.

Addition \_\_\_\_\_ s.f.     Mobile Home (list model, year, and sq. ft.) \_\_\_\_\_

Other (describe) \_\_\_\_\_

**\*Type of construction:**

Wood Frame     Log Construction     Metal Frame     Masonry     Slab Foundation     All Wood Foundation

Other (specify) \_\_\_\_\_

\* Total number of rooms (exclude bathrooms): \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ # of bathrooms \_\_\_\_\_

**\* Number of plumbing fixtures:**

<u>Item</u>	<u>#</u>	<u>Item</u>	<u>#</u>	<u>Item</u>	<u>#</u>
Bar sink	___	Bath Tub	___	Toilets	___
Wash. Mach	___	Disposal	___	Urinals	___
Floor Drain	___	Sew. Ejector	___	Shower Stall	___
Hose bib	___	Grease Trap	___	Water Htr.	___
Kitchen Sink	___	Utility sink	___	Lavatories	___
Dishwasher	___	Water fount.	___	Private sewer	___
City sewer	___	Private well	___	City water	___

**\*Type of heating/cooling:**

Gas    \_\_\_    Natural Gas    \_\_\_    LP    \_\_\_  
Oil    \_\_\_    Electric    \_\_\_    Other (specify) \_\_\_\_\_

**\*Type of electrical system:**

\_\_\_\_\_ 100 amp single phase    \_\_\_\_\_ 200 amp single phase    \_\_\_\_\_ 400 amp single phase  
\_\_\_\_\_ Adding additional electrical fixtures and/or outlets    \_\_\_\_\_ Extend existing wiring  
\_\_\_\_\_ Service change from \_\_\_\_\_ amp \_\_\_\_\_ overhead    \_\_\_\_\_ underground to  
\_\_\_\_\_ amp \_\_\_\_\_ overhead    \_\_\_\_\_ underground  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

**\*Temporary service pole needed (saw service)\*** \_\_\_ Yes \_\_\_ No **-Inspection to be combined with another inspection (ex:footing) \_\_\_ Yes \_\_\_ No** \* If no, then a separate \$60.00 fee will be added to your permit fees.-

**Power Company: (Circle one) Piedmont Electric Duke Progress Energy**  
**If Duke Progress Energy- Premise ID# is: (8numbers)** \_\_\_\_\_

**\*Residential Only:** Estimated Cost of Construction \$ \_\_\_\_\_

<b>*Lien Agent Info:</b>	<b>Name:</b> _____
	<b>Address:</b> _____
<b>Entry#</b> _____	<b>Phone:</b> _____ <b>Email:</b> _____
	<b>Fax #:</b> _____

**\*Non – Residential:** (Cost breakdown of construction)

Building: _____	Electrical: _____
Mechanical: _____	Plumbing: _____
Sprinkler: _____	Other: _____
	<b>Total Cost:</b> _____

**\*Total Cost of Land:** \$ \_\_\_\_\_

**\*Proof of Workman’s Compensation Insurance (must accompany application if applicable)**

The undersigned hereby makes application as designed above, and agrees to conform to all applicable laws of Person County and the State of North Carolina, and that the structure designated above is not to be occupied or used until a certificate of occupancy is issued by the Person County Inspections Dept. The undersigned further states that all statements made herein are true.

**Applicant’s Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notice: You are required to report this work when ready for inspection. We require a 24hr. notice.**

**Please visit [www.personcounty.zpuser.com](http://www.personcounty.zpuser.com) to track your permit online (by permit number).**

**For Department Use Only:**

Plan Review Approved by: \_\_\_\_\_

Building Permit Fee: \_\_\_\_\_

Homeowner’s Recovery Fund Y / N  
(if yes, add \$10.00)

Total Permit Fee: \_\_\_\_\_

\_\_\_\_\_  
Approved for Issuance

\_\_\_\_\_  
Date