

WILSON COUNTY BUILDING PERMIT APPLICATION

2201 Miller Rd S • Wilson, NC 27893 • Telephone: 252-399-2965, option 1 • Fax: 252-265-5368 • Inspections@wilsoncountync.gov

GENERAL INFORMATION	Applicant/Owner _____ Date _____		
	Address _____		
	Telephone # _____	Email address: _____	
	Project Address _____		
APPLICATION PURPOSE	Subdivision _____ Lot # _____		
	Septic Permit # _____ Municipal Sewer (From) _____		
	Water <input type="checkbox"/> Private Well <input type="checkbox"/> County Water <input type="checkbox"/> Municipal Water		
	<input type="checkbox"/> Construct a Single Family Dwelling, <input type="checkbox"/> Duplex <input type="checkbox"/> Add to <input type="checkbox"/> Remodel <input type="checkbox"/> Repair An Existing Dwelling <input type="checkbox"/> Erect Residential Accessory Building <input type="checkbox"/> Set up a Modular Dwelling <input type="checkbox"/> Set up a Manufactured Home <input type="checkbox"/> Construct a Commercial Building		
	<input type="checkbox"/> Add to <input type="checkbox"/> Remodel <input type="checkbox"/> Repair An Existing Commercial Building <input type="checkbox"/> Move a <input type="checkbox"/> Residential or <input type="checkbox"/> Commercial Building <input type="checkbox"/> Demolish a <input type="checkbox"/> Residential or <input type="checkbox"/> Commercial Building		
	<input type="checkbox"/> Off Frame, <input type="checkbox"/> On Frame, _____ Heated Sq. Ft., No. of Stories _____ Area of any on site additions _____ Garage/Carport/Storage, _____ Porch/Deck Dealer – _____ Address _____ Phone _____ Set Up By – <input type="checkbox"/> Modular Bond (Provide Original) OR <input type="checkbox"/> General Contractor		
	RESIDENTIAL		Heated Area Square Ft. 1st Floor _____ 2nd Floor _____ Basement _____
			Unheated Area - _____ Attached Garage/Carport, _____ Detached Garage/Carport _____ Porch/Deck, _____ Storage/Utility
			Number of – Bedrooms _____, Bathrooms _____
			Size Elec. Serv. _____ Amps
MANUFACTURED HOME	HVAC _____ Package Unit _____ Split System _____ Multiple System Type of Fireplace – <input type="checkbox"/> Masonry, <input type="checkbox"/> Prefab Wood Burning, <input type="checkbox"/> Prefab Gaslog <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide <input type="checkbox"/> Triple Wide _____ Year, _____ Length, _____ Width Located In _____ Mobile Home Park/Subdivision or <input type="checkbox"/> On Private Lot Dealer _____ Address _____ Phone # _____ License # _____ Set Up Contractor _____ Address _____ License # _____ Phone # _____		
	COMMERCIAL		Intended Use/Occupancy _____
			Number of Stories _____ Area Per Story _____
			Total Area (sq. ft) _____
			Sprinkler System _____ Yes _____ No Fire Pump _____ Yes _____ No Fire Alarm System _____ Yes _____ No Estimated Project Cost _____
	CONTRACTOR	GENERAL CONTRACTOR _____ Address _____ Telephone # _____ License# _____	
		ELECTRICAL CONTRACTOR _____ Address _____ Telephone # _____ License# _____	
		MECHANICAL CONTRACTOR _____ Address _____ Telephone # _____ License# _____	
		PLUMBING CONTRACTOR _____ Address _____ Telephone # _____ License# _____	
		FUEL GAS PIPING CONTRACTOR _____ Address _____ Telephone # _____ License# _____	
List any additional contractors and/or any other information you wish to provide on the back of this form.			
I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Codes and all other applicable State and local laws, ordinances, and regulations. The Planning and Inspection Department shall be notified of any changes in the approved plans and specifications for the project permitted herein. NOTICE! Providing false information or using contractors other than those indicated may result in revocation of permits, the issuance of a Stop Work Order, denial of a Certificate of Occupancy or termination of utility services such as electricity, gas or water.			
Gen, Cont./Owner/Agent _____ Printed Name _____ Date _____			
Approved _____ Inspection Department Staff _____ Date _____ Zoning Administration _____ Date _____			
ZONING INFORMATION (OFFICE USE ONLY) PIN # _____ Zoning District _____ Township _____ Set Backs Front _____ Rear _____ Side _____ Corner _____ Max. Bldg. Height _____ Census Tract _____ Flood Zone _____ Flood Map _____ Watershed _____ Notes _____ _____ _____			