

# WILSON COUNTY BUILDING PERMIT APPLICATION

PO Box 1728 • Wilson, NC 27894 • Telephone: 252-399-2965 • Fax: 252-399-2770

**GENERAL INFORMATION**

Applicant/Owner \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Project Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Septic Permit # \_\_\_\_\_ Municipal Sewer (From) \_\_\_\_\_

Water  Private Well  County Water  Municipal Water

**APPLICATION PURPOSE**

Construct a Single Family Dwelling,  Duplex

Add to  Remodel  Repair An Existing Dwelling

Erect Residential Accessory Building

Set up a Modular Dwelling

Set up a Manufactured Home

Construct a Commercial Building

Add to  Remodel  Repair An Existing Commercial Building

Move a  Residential or  Commercial Building

Demolish a  Residential or  Commercial Building

**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

HVAC \_\_\_\_\_ Package Unit \_\_\_\_\_ Split System \_\_\_\_\_ Multiple System

Type of Fireplace -  Masonry,  Prefab Wood Burning,  Prefab Gaslog

**MODULAR**

Off Frame,  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 -  Modular Bond (Provide Original) OR  General Contractor

**MANUFACTURED HOME**

New  Used  Single Wide  Double Wide  Triple Wide

\_\_\_\_\_ Year, \_\_\_\_\_ Length, \_\_\_\_\_ Width

Located In \_\_\_\_\_ Mobile Home Park/Subdivision or  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 Track \_\_\_\_\_

Flood Zone \_\_\_\_\_ Flood Map \_\_\_\_\_ Watershed \_\_\_\_\_

Notes \_\_\_\_\_