

CITY OF WASHINGTON BUILDING PERMIT APPLICATION
 Inspection Department • 252-975-9334 • 252-975-9304 • 252-975-9352 • 8:00 AM - 5:00 PM
 Complete items 1-23 as applicable.

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(1) Project Address: _____ (2) Property Owner's Name: _____

(3) PARCEL No.: _____ (4) Date: _____ (5) Total Contract Cost: _____

(6) Single Family Two Family Commercial Mobile Home Modular Accessory Building
 New Addition Sign Upfit Demolition Other _____

Workers Compensation Insurance Proof Must be Submitted with Application!

Contractor

(7) Building _____ Ph#: _____ (15) Lic. No. _____ Contract Cost \$ _____
 (8) Electrical _____ Ph#: _____ (15) Lic. No. _____ Contract Cost \$ _____
 (9) Plumbing _____ Ph#: _____ (15) Lic. No. _____ Contract Cost \$ _____
 (10) HVA/C _____ Ph#: _____ (15) Lic. No. _____ Contract Cost \$ _____
 (11) Gas Piping _____ Ph#: _____ (15) Lic. No. _____ Contract Cost \$ _____
 (12) Insulation _____ Ph#: _____ (15) Lic. No. _____ Contract Cost \$ _____
 (13) Mobile Home _____ Ph#: _____ (15) Lic. No. _____ Contract Cost \$ _____
 (14) Other _____ Ph#: _____ (16) Address: _____ Contract Cost \$ _____

(17) Heated Sq. Ft.: _____ (18) Unheated Sq. Ft.: _____ (19) Porch/Deck Sq. Ft. _____ (20) Septic Tank Permit #: _____
 (17a) Total Square Feet 1st Floor Footprint: _____
 (21) Description of Work: (Be specific) _____

Mobile Home Size: _____ Year: _____ Model: _____ Serial #: _____

(22) Mechanical: Heat Pump Central A/C Elect. Baseboard Elect. Furnace Gas Pack: Package/Split Gas/Oil Furnace

(23) Electrical Power Co.: City Progress Energy EMC Service: New Existing Total Amps _____

Permit expires if work or construction is not begun within 6 months, or if construction or work is suspended or abandoned for a period of 12 months at any time after work has begun. I affirm that all information is true and correct that I will complete all work, call for all inspections in a timely manner and comply with the requirements of all local, state and federal codes and regulations.

SIGNED: _____ DATE: _____

TO BE COMPLETED BY INSPECTION OFFICE!

Flood Zone: AE X Shaded X Base Flood Elevation: _____ FT. Zone: _____ Panel No.: _____

Zoning District: City: _____ ETJ: _____ Wash. Park: _____ C.O.A. Issued: _____

Planning Comments: _____ Date: _____ Signed: _____

Electric Dept. Comments: _____ Date: _____ Signed: _____

Public Works Comments: _____ Date: _____ Signed: _____

Fire Marshal Comments: _____ Date: _____ Signed: _____

Health Dept. Comments: _____ Date: _____ Signed: _____

Other: _____ Date: _____ Signed: _____

PERMIT FEE: \$ _____ Homeowner's Recovery Fee: \$ _____