



Building Standards Department
BUILDING PERMIT APPLICATION

For Permit Center Use Only
Submittal Date:
Permit #:
Parcel: - -

Project Address:
Total Project Cost: \$ Subdivision Name: Lot: Phase:
Owner/Tenant:
Address: City:
State: Zip Code: Phone No.

Property Use:
Description of Proposed Work:
Heated SQ FT: Unheated SQ FT:
UTILITIES: New Existing
Power Company:
Gas Company:
Electric Appliances:
Gas Appliances:

All residential inspections for dwellings covered by the NC Building and Residential Code will include verification of the presence of carbon monoxide alarms as required by City of Monroe Ordinance 150.10 (C)(1).

Flood Plain: YES NO Historic District: YES NO Acreage: No. of Stories:
Downtown: YES NO Site Improvement: YES NO
Water Supply: City County Private Well Community Sewer Type: City County Septic Permit

RESIDENTIAL
Single Family Modular Duplex Apartment Accessory Building Addition Renovations Accessory
Mobile Home: Year: Make: Size:
Serial #:

COMMERCIAL
Type of Construction: I-A I-B II-A II-B III-A III-B IV V-A V-B
Group: Assembly Business Educational Mercantile Factory/Industrial Institutional Storage
Utility/Misc

CONTRACTOR(S):

BUILDING: _____
Address: _____
City/St: _____ Zip _____
Phone: _____ Email: _____

Contract Cost \$ _____ NC License #: _____

ELECTRICAL: No Yes **MECHANICAL:** No Yes **PLUMBING:** No Yes

Sub contractors must complete their own application/ sub contractor forms.

- ALL INFORMATION MUST BE COMPLETED PRIOR TO APPLICATION BEING PROCESSED.
- WORK PERFORMED ON STRUCTURES USED FOR COMMERCIAL USE MAY REQUIRE PLANS OR MORE INFORMATION PRIOR TO ISSUING A PERMIT.
- THIS APPLICATION BECOMES A PERMIT ONLY UPON APPLICATION APPROVAL AND PAYMENT OF ALL FEES.

If permits are granted, I hereby certify that all information in this application is correct and that all work will comply with the North Carolina State Building Code and all other applicable city ordinances, local laws and regulations of the State of North Carolina regulating such work and the specifications or plans submitted. The Building Standards Department will be notified of any changes in the approved plans and specifications for the projects permitted herein. I hereby affirm that the foregoing statements are accurate and correct to the best of my knowledge.

PRINT APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **MOBILE:** _____ **FAX:** _____

EMAIL: _____

METHOD OF PAYMENT: Cash Check Credit Existing A/R Account