

# CITY OF WASHINGTON BUILDING PERMIT APPLICATION

Inspection Department: 252-975-9304; 252-975-9352; 252-975-9334

Project Address: \_\_\_\_\_ Property Owner's Name \_\_\_\_\_  
PARCEL No: \_\_\_\_\_ Date: \_\_\_\_\_ Total Contract Cost: \_\_\_\_\_

Single Family    Two Family    Multi-Family    Commercial    Accessory Building    Mobile Home    Modular  
 New    Addition    Up-fit    Alteration    Demolition   Other \_\_\_\_\_

**Workers Compensation Insurance Proof Must be Submitted with Application!**

**Contractor:**

Building _____	Ph# _____	Lic. No. _____	Contract Cost \$ _____
Electrical _____	Ph# _____	Lic. No. _____	Contract Cost \$ _____
Plumbing _____	Ph# _____	Lic. No. _____	Contract Cost \$ _____
HVA/C _____	Ph# _____	Lic. No. _____	Contract Cost \$ _____
Gas Piping _____	Ph # _____	Lic. No. _____	Contract Cost \$ _____
Mobile Home _____	Ph # _____	Lic. No. _____	Contract Cost \$ _____
Other _____	Ph# _____	Lic. No. _____	Contract Cost \$ _____

E-mail \_\_\_\_\_

*\*\*See Customer Services for Load Management requirements on electrical services.*

Heated Sq. Ft.: \_\_\_\_\_ Unheated Sq. Ft.: \_\_\_\_\_ Porch/Deck Sq. Ft.: \_\_\_\_\_ Total 1<sup>st</sup> Floor Sqft (footprint) \_\_\_\_\_

Description of Work: (Be Specific): \_\_\_\_\_

HVAC: Heat Pump-  Pkg. Unit  Split system  A/C / Gas-  Pack  Furnace  Gas line  A/C / Oil Furnace

Electrical Power Co.-  City of Washington  Progress Energy  Tideland EMC 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 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  Floodway Base Flood Elevation: \_\_\_\_\_ FT. Panel No: \_\_\_\_\_

Zoning District: City: \_\_\_\_\_ Historic District/C.O.A. \_\_\_\_\_ ETJ: \_\_\_\_\_ Washington Park \_\_\_\_\_

Planning Comments: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Electric Dept. Comments: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Public Works Comments: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Fire Marshal Comments: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Health Dept. Comments: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_ HOMEOWNER RECOVERY FEE: \$ \_\_\_\_\_