



**GUILFORD COUNTY
PLANNING AND DEVELOPMENT**

**Commercial Permit
Change of Occupancy / Upfit
Application**

Permit# _____ Tracking # _____

Applicant's Name _____ Date _____

Project Address _____

Developer/Property Owner _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____ E-Mail _____

Project Contact Person _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____ E-Mail _____

Tax Parcel # _____

Zoning _____ Township _____ Proposed Use _____

General Description of Operations _____

_____ Previous Use of Property _____

CODE: 2018 NCBC 2018 EXISTING BUILDING CODE

PROPOSED CHANGES:

Alterations to property or structures: Yes No If yes, describe proposed alterations _____

Electrical system: Yes No Plumbing: Yes No Mechanical/HVAC: Yes No

FOR RENOVATION: Total Renovated Area: _____ SF Construction Cost: \$ _____

FOR ADDITION: Total Addition Area: _____ SF Construction Cost: \$ _____

DESCRIPTION OF WORK:

Type of Building: Existing Addition Upfit

Type of Construction: IA IB IIA IIB IIIA IIIB IV VA VB

Occupancy: A-1 A-2 A-3 A-4 A-5 B E F-1 F-2

H-1 H-2 H-3 H-4 H-5 I-1 I-2 I-3 I-4 M

R-1 R-2 R-3 R-4 S-1 S-2 U

Building Area: Total Area _____ SF Area Per floor _____ SF

Building Height: _____ Feet No. of Stories _____

Utilities: Water Public Private Private Improvement Permit No. _____

Sewer Public Private Private Well Permit No. _____



**GUILFORD COUNTY
PLANNING AND DEVELOPMENT**

Commercial Permit
Change of Occupancy / Upfit
Application

SERVICES/ELECTRICAL DISTRIBUTION EQUIPMENT:

COMMENTS:

QTY	Description
	Meter(s)
	House Meter(s)
	Sub-Panel
	Generator
	Transformer
	Cell Phone Tower Control Cabinets
	A.T.S. - Automatic Transfer Equipment

General Contractor's Name _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____ E-Mail _____

License # _____ Classification _____

Design Professional _____

Telephone # _____ Fax # _____ E-Mail _____

Electrical Contractor's Name _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____ E-Mail _____

License No. _____ Classification _____

Plumbing Contractor's Name _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____ E-Mail _____

License No. _____ Classification _____

Mechanical Contractor's Name _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____ E-Mail _____

License No. _____ Classification _____

I hereby agree to conform to all applicable laws of Guilford County and the State of North Carolina and certify that the information provided is complete and accurate to the best of my knowledge. I acknowledge that by filing this application, representatives from Guilford County Planning and Development may enter the subject property for the purpose of investigation and analysis of this request.

APPLICANT'S NAME _____ **DATE** _____

APPLICANT'S SIGNATURE _____