



**GUILFORD COUNTY  
PLANNING AND DEVELOPMENT**

**Residential Building Permit  
Application**

Permit # \_\_\_\_\_ Tracking # \_\_\_\_\_  
Reference Original Permit # \_\_\_\_\_ Application Date \_\_\_\_\_  
Subdivision Name: \_\_\_\_\_ Phase/Section \_\_\_\_\_  
Lot # \_\_\_\_\_ Plat Book-Page # \_\_\_\_\_ Zoning \_\_\_\_\_  
Job Location \_\_\_\_\_  
Property Owner \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

**CODE:**  2018 NCRC  2018 EXISTING BUILDING CODE

**PROPERTY SERVICED BY:**  Well  Community Well  Public Water  Septic  Public Sewer

**INFORMATION NEEDED TO SUBMIT FOR PERMIT:**  2 Sets Construction Dwgs  Copy of Deed  3 Copies of Plot Plan to Scale

**TYPE OF PERMIT:**

SFR  Moved House  Deck  Pool  Garage  Modular  Accessory Bldg  Addition

UPFIT – NO ROOM TO BE DESIGNATED AS \*SLEEPING OR BEDROOM \_\_\_\_\_

**\* SLEEPING OR BEDROOM REQUIRES ENVIRONMENTAL HEALTH APPROVAL** *Signature Required*

UPFIT – BEDROOM &/OR FIRE/STORM DAMAGE - **REQUIRES ENVIRONMENTAL HEALTH APPROVAL**

**DESCRIPTION OF STRUCTURE:** # of Stories: \_\_\_\_\_ # of Decks: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Porches: \_\_\_\_\_

# of Full Baths: \_\_\_\_\_ # of Half Baths: \_\_\_\_\_ Garage:  YES  NO Screened Porch:  YES  NO

Building Square Footage: Heated: \_\_\_\_\_ Unheated: \_\_\_\_\_ Basement Square Footage: Heated: \_\_\_\_\_ Unheated: \_\_\_\_\_

**MECHANICAL INFORMATION:**  HEAT PUMP/AC  OIL/AC  NAT GAS/AC  LP GAS/AC

**FUEL PIPING INFORMATION:** NATURAL GAS OR LP: \_\_\_\_\_ GAS SUPPLIER: \_\_\_\_\_  GAS LOGS

**GENERAL CONTRACTOR OR OWNER CONTRACTOR INFORMATION:**

Business Name: \_\_\_\_\_ State License #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

**SUB-CONTRACTORS: \* NO INSPECTION WILL BE PERFORMED UNTIL ALL SUB-CONTRACTORS ARE LISTED AND LICENSED**

**ELECTRICAL:** Business Name: \_\_\_\_\_ State License #: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**PLUMBING:** Business Name: \_\_\_\_\_ State License #: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**MECHANICAL:** Business Name: \_\_\_\_\_ State License #: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**FUEL PIPING:** Business Name: \_\_\_\_\_ State License #: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**GAS LOGS:** Business Name: \_\_\_\_\_ State License #: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

CHECK THIS BOX IF YOU PLAN TO STICK BUILD WITH NOMINAL LUMBER FRAMING.

CHECK THIS BOX IF YOU PLAN TO USE ENGINEERING PLANS (TJI OR TRUSSES). PROVIDE THE ENGINEERING PLANS AT THE FOOTING AND FRAMING INSPECTIONS.

**APPLICANT'S NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_