



**GUILFORD COUNTY
PLANNING AND DEVELOPMENT**

Trade Permit
Fax/Email Request

Date _____

Property Information

Owner Name _____ Owner Phone # _____
Address _____ City _____ State _____ Zip _____

Description of Work

Contractor Information

Company Name _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Fax # _____ E-Mail _____
License # _____ Contact Name _____

Sub Contractor Information

Company Name _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Fax # _____ E-Mail _____
License # _____ Contact Name _____

Office Use Only

Permit # _____ Tracking # _____

**FAX COMPLETED REQUEST TO 336-641-3255
OR
EMAIL TO: tradepermits@guilfordcountync.gov**