CUMBERLAND COUNTY PLANNING & INSPECTION DEPT.

APPLICATION FOR PERMIT

PO DRAWER 1829, FAYETTEVILLE, NC 28302-1829 (910)321-6636 FAX (910)321-6637

_Electrical ____Mechanical

Plumbing

NOTE: Incomplete applications will not be processed

WORK PERFORMED ON A: NEW STRUCTURE ADDIT	TION EXISTING STRUCT	TURE PIN#
PROJECT ADDRESS	SteCity	State Zip
Subdivision/Development	Lot	Bldg Unit
Directions:		
PROPERTY OWNER	Phone #	<u> </u>
Prop. Owner's Address	City	State Zip
CONTRACTOR	Phone #	License #/Class
Contractor Address	City	State Zip
ELECTRICAL Structure is: RESIDENTIAL MULTI-FA	AMILY_ COMMERCIAL	Based on Contract Cost \$
Temp Service (\$35)	Swimming Pools (\$ Appliance or Mech # of Add'l Appliances/	nanical System (\$35) \$
MECHANICAL Structure is: RESIDENTIAL MULTI-FAMILY COMMERCIAL -Based on Contract Cost \$		
Gas Piping includes 3 outlets (\$35)\$		• • • • • • • • • • • • • • • • • • • •
Required-Detail work/equipment:		
PLUMBING Structure is: RESIDENTIAL MULTI-FA Water (\$35) \$ Sewer (\$35) \$ Water & Sewer (\$40) \$ Multi-Family, # of units x \$46 \$ Commercial-All work \$	— One Bath, or parti	al bath (\$35) \$ baths, over 1: x \$10 \$ x \$6
Required-Detail work/equipment:		
I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable State and local laws, ordinances and regulations. The Planning and Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.		
Applicant Signature	Printed Name	Date
Method of Payment: Cash Check Visa MasterCard Acct/Ck#		
COMMENTS:		
	ctor Approval:	Date: