



GUILFORD COUNTY
PLANNING AND DEVELOPMENT

Commercial Permit Application
Change of Occupancy/Upfit Permit

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 Map # _____ -- _____ -- _____ -- _____ Block # _____ -- _____ Parcel # _____

Zoning District _____ Township _____ Proposed Use _____

General Description of Operations _____

_____ Previous Use of Property _____

Any planned alterations to property or structures Yes No If yes: Describe proposed alterations: _____

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

FOR RENOVATION: Total Renovated Area: _____ sq. ft.
FOR ADDITION: Total Addition Area: _____ sq. ft.

Description of Works:

Type of Building: New Existing Addition N/A

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 _____ sq. ft. Area Per floor _____ sq. ft.

Building Height: _____ Feet No. of Stories _____

Utilities: Water Public Private Private Improvement Permit No. _____

Sewer Public Private Private Well Permit No. _____



**GUILFORD COUNTY
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General Contractor's Name _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____ E-Mail _____ @ _____

License No. _____ Classification _____

Design Professional _____

Telephone # _____ Fax # _____ E-Mail _____ @ _____

Architect Engineer NC. Reg. No. Owner Other

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 _____

Sprinkler Contractor's Name _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____ E-Mail _____ @ _____

License No. _____ Classification _____

THE APPLICATION HEREBY ATTESTS THAT ALL THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF HIS/HER ABILITY.

APPLICANT'S NAME _____ **DATE** _____

APPLICANT'S SIGNATURE _____