GUILFORD COUNTY
PLANNING AND DEVELOPMENT

Residential Building Permit Application

Permit#:_____Tracking #:_____

Reference Original Permit #_____Application Date:_____

Subdivision Name:_____ Section:_____

Platbook:_____Page #:_____ Lot #:_____ Zoning:_____

Job Location:_____

Property Owner:_____

Address_____City_____State_____Zip_____

Telephone #_____Fax #_____E-Mail_____

PROPERTY SERVICED BY: ☐ WELL ☐ COMMUNITY WELL ☐ PUBLIC WATER ☐ SEPTIC ☐ PUBLIC SEWER

INFORMATION NEEDED TO SUBMIT FOR PERMIT: ☐ 2 SETS CONSTRUCTION DRWGS ☐ COPY OF DEED
☐ 3 COPIES PLOT PLAN TO SCALE ☐ PLAN CHECKLIST

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 (WILL REQUIRE 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 INSPECTIONS 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_____

APPLICANT'S NAME_____**DATE**_____

APPLICANT'S SIGNATURE_____