



Inspection Department
Building Permit Application

Applicant Name _____ Date _____

Project Address _____

Total Project Cost \$ _____ Electrical Cost \$ _____

Property Location: ___ City ___ With-in the City's ETJ (Extra-Territorial Jurisdiction)

Subdivision _____ Block # _____ Lot # _____

Is this property within a designated flood zone? ___ Yes ___ No Tax Map ID: _____

Property Owner _____ Phone # _____ E-Mail _____

Owner Address _____ City _____ State _____ Zip _____

Project Contact _____ Phone # _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Developer _____ Phone # _____ E-Mail _____

Description of Proposed Work _____

Type of Building: ___ New ___ Existing ___ Addition ___ N/A

Type of Construction: ___ IA ___ I B ___ 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 ___ R1 ___ R2 ___ R3 ___ R4 ___ S1 ___ S2 ___ U

Equipment: ___ New ___ Existing ___ Addition ___ N/A

Property Use: ___ Single Family ___ Two Family ___ Townhouse
___ Apartment ___ Condominium ___ Other (Library, Office, Etc.)

Building Area: Total Area (sf) _____ Area per floor (sf) _____

Building Height: Feet: _____ # of Stories _____

State Agency Approvals:

NC Department of Insurance: ___ Yes ___ No ___ N/A
Plan Approval _____ # of Sheets _____ Date _____
Specifications _____ # of Sheets _____ Date _____

NC Department of Labor: ___ Yes ___ No ___ N/A
Elevators _____ Date _____
Boilers _____ Date _____

Utilities Approvals: Water: _____ Public _____ Private Private Health Dept. Permit # _____
Sewer: _____ Public _____ Septic Private Health Dept. Permit # _____
Electric: _____ Duke _____ Pee Dee

Place X and complete additional information for each permit type needed.

General Construction Permit

Contractor Name _____ Phone # _____ E-Mail _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Phone # _____ E-Mail _____
____ Architect ____ Engineer NC Reg. # _____ ____ Owner Other _____
Address _____ City _____ State _____ Zip _____

Electrical Permit

Contractor Name _____ Phone # _____ E-Mail _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Phone # _____ E-Mail _____
____ Architect ____ Engineer NC Reg. # _____ ____ Owner Other _____
Address _____ City _____ State _____ Zip _____

Mechanical Permit

Contractor Name _____ Phone # _____ E-Mail _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Phone # _____ E-Mail _____
____ Architect ____ Engineer NC Reg. # _____ ____ Owner Other _____
Address _____ City _____ State _____ Zip _____

Plumbing Permit

Contractor Name _____ Phone # _____ E-Mail _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Phone # _____ E-Mail _____
____ Architect ____ Engineer NC Reg. # _____ ____ Owner Other _____
Address _____ City _____ State _____ Zip _____

Insulation Permit

Contractor Name _____ Phone # _____ E-Mail _____
Address _____ City _____ State _____ Zip _____

Sprinkler Protection Permit

Contractor Name _____ Phone # _____ E-Mail _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Phone # _____ E-Mail _____
____ Architect ____ Engineer NC Reg. # _____ ____ Owner Other _____
Address _____ City _____ State _____ Zip _____

Fire Alarm System Permit

Contractor Name _____ Phone # _____ E-Mail _____
Address _____ City _____ State _____ Zip _____
License # _____ Classification _____
Design Professional _____ Phone # _____ E-Mail _____
____ Architect ____ Engineer NC Reg. # _____ Owner Other _____
Address _____ City _____ State _____ Zip _____

Sign Permit

Location of Sign _____ Address _____
____ Off Premises Sign ____ Wall Sign ____ Ground Sign ____ Awning Sign
____ Projection Sign ____ Special Event Sign ____ Other
Sign/Business Owner _____ Phone # _____ E-Mail _____
Address _____ City _____ State _____ Zip _____
Contractor Name _____ Phone # _____ E-Mail _____
Address _____ City _____ State _____ Zip _____

Accessory Structures Permit

____ Accessory Building _____ Size _____ Sq. Ft.
____ Solid Fence ____ Dish Antenna ____ Swimming Pool ____ Other

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Dept. will be notified of any changes in the approval plans and specifications for the project permitted herein.

Owner/Agent Signature

Print Name

Date

OFFICE USE ONLY

Permit Fee \$ _____
HRF Fee \$ _____
TOTAL \$ _____

Well: _____
Septic Prelim: _____
Final: _____
Bedrooms: _____

Received By: _____
Date: _____

Approved By

Date

Permit Number

RICHMOND COUNTY HEALTH DEPARTMENT

ENVIROMENTAL HEALTH SECTION

127 CAROLINE STREET

ROCKINGHAM, NC 28379

OFFICE # 910-997-8320 FAX # 910-997-8336

Need to see health department first if any of the following are involved:

1. New structure to be on a property where a septic tank system and/or well is located; including pools & accessory structures.
2. Connecting to an existing septic tank system.
3. If going to handle or prepare any type of food, (any type of food not prepackaged in a FDA, NCDA, or USDA inspected facility and remains unopened) i.e. restaurants, food stands, etc.
4. Public swimming pools, spas, wading pools
5. Nonresidential swimming pools, spas wading pools if to be located near a septic tank system or repair area- send to us if not sure
6. Day care or child care centers
7. Expanding an existing residence or business (number of bedrooms or footprint of structure) that is on a septic tank system
8. Hospitals, rest or nursing homes
9. School lunchrooms new or remodels
10. Grocery stores if have a meat market and/or deli
11. Tattoo parlors
12. Adult day cares
13. Local confinements (jails)
14. Schools
15. Monitoring wells (installations and abandonments)