



Caswell County Building Inspections

144 Main Street, P.O. Box 1406, Yanceyville, NC 27379
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PERMIT APPLICATION

Application Type: <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical
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Owners Name – Last:	First:	Phone #:
Address:		Email:
City:	State:	Zip:
Project Street Address:		Developer Name:
City:		Developer Phone #:
State:	Zip:	Tax Map & Parcel #:
# Existing Buildings:	# Existing Mobile Homes:	Utility Provider:
Directions to Project:		

Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Modular (Off) <input type="checkbox"/> Modular (On)					
<input type="checkbox"/> Single-Wide (Year:_____) <input type="checkbox"/> Double-Wide (Year:_____) <input type="checkbox"/> Other:_____					
Construction Power Pole: <input type="checkbox"/>	Basement: <input type="checkbox"/>	Porches: <input type="checkbox"/>	Decks: <input type="checkbox"/>	Garage: <input type="checkbox"/>	Fireplaces: <input type="checkbox"/> Masonry <input type="checkbox"/> Pre Fab <input type="checkbox"/> Gas
Square Footage:	# Bedrooms:	# Baths:	# Others Rooms:		
# Stories:	Electrical System:				
Height of Proposed Structure:	<input type="checkbox"/> 100 amp single phase <input type="checkbox"/> 200 amp single phase <input type="checkbox"/> 400 amp single phase				
Central Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Extend existing wiring <input type="checkbox"/> Replace existing wiring				
Type of HVAC: <input type="checkbox"/> Electric <input type="checkbox"/> LP <input type="checkbox"/> Natural	<input type="checkbox"/> Adding additional fixtures/outlets				
<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other:_____	<input type="checkbox"/> Service Change FROM ___ amp ___ overhead / ___ underground				
Project Cost:	TO ___ amp ___ overhead / ___ underground				
Proposed Use of Structure:					

General Contractor:		License #:
Address:		Phone #:
Contact Name:	Email:	Fax #:
Signature:		Phone #:
Electrical Contractor:		License #:
Address:		Phone #:
Signature:		Email:
HVAC Contractor:		License #:
Address:		Phone #:
Signature:		Email:
Plumbing Contractor:		License #:
Address:		Phone #:
Signature:		Email:

Description of Work/Comments:

Applicant/Owner/Agent Name:	Phone #:
Signature:	Date: