

Location of Construction Street Address 62 Progressive Road

Subdivision Carolina Diesel Truck Lot No. _____

General Construction Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Classification _____ Privilege License # _____

Design Professional _____ Telephone # _____
() Architect () Engineer / NC Reg. # _____ () Owner () Other

Address _____ City _____ State _____ Zip _____

Insulation Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Classification _____ Privilege License # _____

Electrical Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Classification _____ Privilege License # _____

Design Professional _____ Telephone # _____
() Architect () Engineer / NC Reg. # _____ () Owner () Other

Address _____ City _____ State _____ Zip _____

Ampere Rating of Service _____ () New () Add () Change Service
() Temporary Service () Mobile Home () Reconnect () Other _____

Mechanical Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Classification _____ Privilege License # _____

Design Professional _____ Telephone # _____
() Architect () Engineer / NC Reg. # _____ () Owner () Other

Address _____ City _____ State _____ Zip _____

Plumbing Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Classification _____ Privilege License # _____

Design Professional _____ Telephone # _____
 Architect Engineer / NC Reg. # _____ Owner Other

Address _____ City _____ State _____ Zip _____

Sprinkler Protection Permit

Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Classification _____ Privilege License # _____

Design Professional _____ Telephone # _____
 Architect Engineer / NC Reg. # _____ Owner Other

Address _____ City _____ State _____ Zip _____

Fire Alarm System Permit

Contractor Name BFPE International Telephone # 919-550-2699

Address 115 Bestwood Drive City Clayton State NC Zip 27520

License # 32785 Classification SP.LV Privilege License # _____

Design Professional Derrick Banks Telephone # 919-550-2699
 Architect Engineer / NC Reg. # _____ Owner Other

Address 115 Bestwood Drive City Clayton State NC Zip 27520

Mobile Home Permit

Set-up Contractor Name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

License # _____ Privilege License # _____

Make _____ Year Model _____ Serial # _____ UL/HUD _____

Accessory Structures Permit Accessory Building Size _____ sq. ft.
 Swimming Pool Above Ground In Ground Other _____

I 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 Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner / Agent Signature Derrick Banks