



# Surry County

Inspection Department

122 Hamby Rd, Dobson, NC 27017

Phone: (336) 401-8300 Fax: (336) 401-8327

[CentralPermitting@co.surry.nc.us](mailto:CentralPermitting@co.surry.nc.us)

Permit Number: \_\_\_\_\_

Payment Type: \_\_\_\_\_

## **Building Permit Application**

**PROJECT INFORMATION:** IS THIS PROPERTY FOR LEASE ( ), RENT ( ), SALE ( ), or NONE OF THE ABOVE ( )?

Power Company: Duke: \_\_\_\_\_ Surry Yadkin: \_\_\_\_\_

New Lot \_\_\_\_\_ Existing Lot \_\_\_\_\_

Zoning: City Limits: \_\_\_\_\_, ETJ: \_\_\_\_\_, or County: \_\_\_\_\_

Water Type: Public \_\_\_\_\_ Well/Community Well \_\_\_\_\_

Sewer Type: Public \_\_\_\_\_ Septic Tank \_\_\_\_\_

Property/Project's Physical Address: \_\_\_\_\_ Tax ID \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Total Acreage: \_\_\_\_\_

Directions to Project Location: \_\_\_\_\_

### **APPLICANT INFORMATION**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Office) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **GENERAL CONTRACTOR:** MUST attach a copy of Worker's Compensation Insurance certificate/Contractor's license to application, if applicable.

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Office) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Number: \_\_\_\_\_ Class I ( ) Class II ( )

### **ELECTRICAL CONTRACTOR:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License Number: \_\_\_\_\_

### **PLUMBING CONTRACTOR:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License Number: \_\_\_\_\_

### **MECHANICAL CONTRACTOR:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License Number: \_\_\_\_\_

#### **Gas** (if applicable):

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License Number: \_\_\_\_\_



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Description of Work: \_\_\_\_\_

### WORK CLASS

New     Addition     Repair     Remodel     Other \_\_\_\_\_

### TYPE OF USE (check all that apply)

Single Family (site built)     Modular Dwelling     Duplex     Townhouse  
 Deck/Porch     Accessory Building     Commercial (Construction Type \_\_\_\_\_ Occupancy Type \_\_\_\_\_)  
 Carport     Other \_\_\_\_\_

### PROJECT DETAILS:

Building Dimensions \_\_\_\_\_ Height: \_\_\_\_\_ Cost of Construction: \$ \_\_\_\_\_  
Number of Bedrooms (if applicable): \_\_\_\_\_ Number of Bathrooms (if applicable): \_\_\_\_\_  
1<sup>st</sup> Floor Sq. Ft: \_\_\_\_\_ 2<sup>nd</sup> Floor Sq Ft \_\_\_\_\_ Garage Sq. Ft: \_\_\_\_\_ Total Project Sq. Ft: \_\_\_\_\_  
Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Heated Sq Ft: \_\_\_\_\_ Unheated Sq Ft: \_\_\_\_\_  
Attic/Bonus Room: Yes \_\_\_\_\_ No \_\_\_\_\_ Heated Sq Ft: \_\_\_\_\_ Unheated Sq Ft: \_\_\_\_\_  
Porch size: Square Footage: \_\_\_\_\_ Dimensions: \_\_\_\_\_ Covered: (Circle One) Yes/No (if yes) Height \_\_\_\_\_  
Deck size: Square Footage: \_\_\_\_\_ Dimensions: : \_\_\_\_\_ Covered: (Circle One) Yes/No (if yes) Height \_\_\_\_\_

**Documentation of Termite Treatment in accordance with the *NC Department of Agriculture* must be posted on or near the electrical distribution panel and a copy supplied to the *Surry County Inspection Department*, before the Certificate of Occupancy will be issued on any new structure or addition.**

**Documentation demonstrating compliance with the requirements of the *International Energy Conservation Code* must be posted on or near the electrical distribution panel or inside the kitchen cabinet before the Certificate of Occupancy will be issued on any new structure or addition.**

General Contractors License required. (General Statute 87-1) This section shall not apply to any person or firm or corporation who constructs or alters a building on land owned by that person, firm or corporation provided such building is intended solely for occupancy by that person and his family, firm, or corporation after completion; and provided further that, if such building is not occupied solely by such person and is family, firm, or corporation for at least 12 months following completion, it shall be presumed that the person, firm or corporation did not intend such building solely for occupancy by that person and his family, firm or corporation. Do you have a signed contract? Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby certify that all information in this application is correct to the best of my knowledge and that all work will comply with the N.C. State Building Code, all other State and Local Laws, Ordinances and Regulations. I will notify the Surry County Inspections Department of any changes in the approved plans and specifications for the project permitted herein. My signature gives consent for Inspection Department personnel to enter this property for the purpose of conducting necessary inspections. I understand this permit is NOT TRANSFERABLE.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_