252-796-1371 TYRRELL COUNTY 252-796-2625 **BUILDING PERMIT APPLICATION** Kstell@tyrrellcounty.net IMPORTANT- COMPLETE All ITEMS- MARK BOXES WHERE APPLICABLE I. LOCATION OF BUILDING NAME PERMIT # 911/Phyiscal ADDRESS FLOOD ZONE BFE MAP# FINISHED FLOOR LOT SIZE MAP/PARCEL# II.TYPE AND COST OF BUILDING/IMPROVEMENT TYPE OF IMPROVEMENT 1. () NEW BUILDING/STICK BUILDING 10A. COST OF IMPROVEMENT ___ 2. () MODULAR HOME off frame () on frame () Roof Pitch To be installed but not included above 3. () MOBILE HOME single () d-wide () a. ELECTRICAL 4. () ADDITION – Size _____ 5. () ALTERATION b. PLUMBING 6. () REPAIR/REPLACEMENT c. OTHER 7. () WRECKING 8. () OTHER OWNERSHIP 10B.TOTAL COST _____ 9. () PRIVATE, INDIVIDUAL, CORPORATION, NONPROFIT, ETC. 10. () PUBLIC, FEDERAL, STATE, OR LOCAL 10C. CURRENT VALUE (ALTERATION/REMODEL) GOVERNMENT PROPOSED USE 21. () INDUSTRIAL 11. () ONE FAMILY 12. () TWO OR MORE FAMILIES/# 22. () CHURCH, OTHER REIGIOUS 13. () TRANSIENT HOTEL, MOTEL OR 23. () SERVICE STATION, REPAIR GARAGE **DORMITORY** 24. () OFFICE, BANK, PROFESSIONAL 14. () GARAGE - SIZE _ 25. () PUBLIC UTILITY 15. () CARPORT – SIZE 26. () SCHOOL, LIBRARY, OTHER 16. () UTILITY BUILDING- SIZE ____ EDUCATIONAL 17. () MOBILE HOME 27. () STORES, MERCANTILE SIZE ____x YEAR____ 28. () TANKS 29. () TOWER – HEIGHT_ 18. () MOBILE HOME PARK 30. () DECK / PORCH – SIZE _____x 31. () SIGN - SIZE_____ 19. () TRAVEL TRAILER 32. () PIER – SIZE _____ 20. () TRAVEL TRAILER PARK 33. () OTHER III. SELECTED CHARACTERISTICS OF BUILDING TYPE OF SEWAGE DISPOSAL PRINCIPAL TYPE OF FRAME 43. () PUBLIC OR PRIVATE 33. () MASONARY (LOAD 49. NUMBER OF STORIES _____ BEARING) **COMPANY** 44. () INDIVIDUAL (SEPTIC) 34. () WOOD 50. HEATED SQ.FT ____ 35. () STRUCTURAL STEEL 36. () REINFORCED CONCRETE OTHER SQ. FT. 37. () OTHER TYPE OF WATER SUPPLY TOTAL SQ.FT 45. () PUBLIC OR PRIVATE **COMPANY** 51. NUMBER OF PARKING SPACES ____ ENCLOSED 46. () INDIVIDUAL (WELL) OUTDOORS 52. _____ #OF BEDROOMS PRINCIPLE TYPE OF HEAT 53. _____ #OF BATHROOMS 38. () GAS

TYPE OF MECHANICAL

47. CENTRAL A/C
() YES ()NO

48. ELEVATOR

() YES () NO

54. VENTING REQUIREMENTS

_____ sq. ft. is required for venting

_____ sq. in. is required for flood vents

39. () OIL

41. () COAL 42. () OTHER

40. () ELECTRICITY

42b. _____ #OF FIREPLACES

252-796-1371		TY	RRELL COUNTY		252-796-2625		
	BU	ILDING	PERMIT APPLICA	ATION	Kstell@tyrrellcounty.net		
IMPORTANT- COMPLETE All ITEMS- MARK BOXES WHERE APPLICABLE							
IV. IDENTIFICATION							
OWNER NAME		I	MAILING ADDRESS		PHONE #		
DO NOT WRITE IN THIS SPACE-FOR OFFICAL USE ONLY							
			HOMEOWNER				
APPROVED BY	PERMIT FEE	FINE	RECOVERY FUND	DATE ISSUED	DATE CO ISSUED		

PERMIT TOTAL \$

V. CONTRACTORS					
NAME, ADDRESS, PHONE & LICENSE NUMBER AND EMAIL ADDRESS THIS SECTION MUST BE FILLED OUT COMPLETELY REPORT APPLICATION IS					
THIS SECTION MUST BE FILLED OUT COMPLETELY BEFORE APPLICATION IS APPROVED					
GENERAL					
	Signature				
ELECTRICAL					
	Signature				
PLUMBING					
	Signature				
MECHANICAL (Heating & A/C)					
	Signature				
MOBILE HOME DEALER					
MOBILE HOME MOVER					
	Signature				
OTHER					

SIGNATURE:

DATE:

- BY APPLYING FOR AND RECEIVING THIS PERMIT I HERBY AUTHORIZE THE INSPECTOR AND TAX ACCESSOR TO ENTER THE ABOVE SAID PROPERTY UPON PRESENTATION OF PROPER CREDITIALS
- THE PERMIT CARD MUST BE POSTED AT THE JOB SITE
- All failed inspections are subject to a \$25.00 re-inspect fee.

NO APPLICATION WILL BE REVIEWED UNTIL ALL DOCUMENTATION IS PRESENT