



2345 MORGANTON BLVD. LENOIR, NC 28645
WWW.CALDWELLCOUNTYNC.ORG

Office Contact Information: 828.426.8585 or 828.426.8365
E-Mail Completed Application(s) to: buildinginspections@caldwellcountync.org or
Drop by in person or mail to: 2345 Morganton Blvd., Lenoir, NC 28645

SITE INFORMATION

Property Address: _____
NCPIN: _____
Project Description: _____

APPLICATION TYPE

New Construction Addition Remodel Upfit Shell Sign

Other (Please Describe): _____

Estimated Cost of Construction (do not include cost of the land): \$ _____

OWNER INFORMATION

Owner Name: _____ Phone #: _____
Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

CONTRACTOR INFORMATION

General Contractor: _____ License #: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Email: _____

SUBCONTRACTOR INFORMATION

(Subs can apply for their own permits, if you prefer)

Electrical Contractor: _____ License #: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Email: _____

Plumbing Contractor: _____ License #: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Email: _____

Mechanical Contractor: _____ License #: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Email: _____

Fire/Sprinkler Contractor: _____ License #: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Email: _____

CONSTRUCTION INFORMATION

Type of Construction: I-A I-B II-A III-A III-B IV V-A V-B

Proposed Use of Structure: _____

Water Supply: Public Water Private Well Community Well
Sanitary System: Public Sewer Private Septic Community Septic

Fire Sprinklers: Yes No **Heat Type:** Elec LP Nat. Gas

Alarm System: Yes No **Foundation:** Basement Crawlspace Slab

Heated Sq. Ft.: _____ + **Unheated Sq. Ft.:** _____ = **Total Sq. Ft.** _____

Building Height: _____ ft. **# of Stories:** _____

Electrical - Amps: _____ **# of Panels:** _____ Interior Wiring Only Solar: Generator Sign:

Other (describe): _____

Plumbing - Number of Fixtures: _____ **Gas Line:** number of appliance(s) _____

Other (describe): _____

Mechanical – Number of HVAC Units: _____ **Number of Individual Heat or Air Units:** _____

Hood System: Exhaust Fan: Refrigeration Unit(s): ; # of units: _____

Other (describe): _____

I certify the information on this application is correct, and all work will comply with the State Building Codes and all other applicable State and Local laws, ordinances, and regulations. I understand that a Certificate of Occupancy is required prior to occupying the premises and the Building Inspections Dept. will be notified of any changes in the approved plans and specifications for the project permitted herein. I further understand that it is my responsibility to meet all zoning setbacks and restrictions.

Signature (owner/contractor): _____

Printed/Typed Name: _____ **Date:** _____

Owner General Contractor

Please provide 2 sets of plans and 1 digital (USB) set. Plans must include Appendix B – Building Summary & all mechanical, electrical and plumbing.

- Payments can be made in person with cash, check or credit card.
- Make Checks payable to: Caldwell County Building Inspections
- Credit Card Payments can be made over the phone (828.426.8585 or 426.8365) or by providing the card information below.

Card #: _____
Expiration Date: _____ Security Code: _____

All major credit cards accepted. (Credit card information is shredded once payment is processed.)