

RESIDENTIAL BUILDING PERMIT APPLICATION

Caldwell County

NORTH CAROLINA

Building Inspections



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

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

Office Use Only	
<input type="checkbox"/> Zoning Permit _____	Building Permit # _____
<input type="checkbox"/> Lien Agent _____	
<input type="checkbox"/> Septic Permit _____	

SITE INFORMATION

Property Address: _____

Owners Name: _____ Phone #: _____

Address: _____

Email: _____

NCPIN: _____ Zoning Jurisdiction: _____

Public Water Private Well Community Well Public Sewer Individual Septic System

If septic and/or well is checked above.... Is the well? new existing Is the septic? new existing

Well Permit Number: _____ Septic Permit Number: _____
(if permitted 2008 or after)

CONSTRUCTION DETAILS

Site Built House Modular Home Remodel Addition Addition & Remodel

Detached Garage Accessory Building Deck/Porch Dock Pool/Hot Tub

Foundation Repair Roof Other (please describe): _____

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

Lien agent Entry # (for projects \$40K and over): _____ *for additional information, go to liensnc.org*

Heated: _____ Sq. Ft. Unheated: _____ Sq. Ft. (include covered porches/decks, garages, basement, etc...)

Total: _____ Sq. Ft. Number of Bedrooms: _____ Number of Bathrooms: _____

Building Height _____ ft. Foundation Type: Basement Crawlspace Slab

ELECTRICAL DETAILS

of New Electrical Panels: _____ Total Amps per Panel: _____

Select any that apply Interior Wiring Only Service Change Generator Solar Pool

Other (describe): _____

PLUMBING DETAILS

Number of Bathrooms: _____

Select any that apply Replacing Interior Plumbing Changing Tub/Shower Water Line Sewer Line

Gas Line, number of gas appliance(s): _____

Other (describe): _____

MECHANICAL DETAILS

Number of HVAC/Mini-Split Units (combined systems): _____ Number of Individual Heat or Air Units: _____

Other (describe): _____

CONTRACTOR INFORMATION

Owner is Self-Contracting General Contractor Un-licensed Contractor (for jobs less than \$40K only)

Contractor Name: _____ License #: _____

Contractor Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Email: _____

SUBCONTRACTOR INFORMATION

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: _____

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

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- 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 are accepted.

Credit card information is shredded once payment is processed.