



CALDWELL COUNTY
APPLICATION FOR BUILDING PERMIT

Date: Planning Approval By:

Owner: Phone: Work: Home:
Address:

General Contractor: Contact Person:
Address:

Phone: State License # Classification:

Designer: Phone:

Signs: [] Wall [] Ground Height: Width: Total Sq. Footage:

Subdivision Name: Lot # Phase

Physical Address:

Directions:

Type of Use (check all that apply)

- [] Single Family (site built) [] Deck/Porch [] Agricultural [] Hazardous [] Sign
[] Modular Dwelling [] Pool [] Assembly [] Institutional [] Storage
[] Duplex [] Accessory [] Business [] Mercantile [] Tower
[] Townhouse [] Modular Office [] Educational [] Multi-Family [] Utility
[] Condominium [] Industrial [] Sunroom [] Dock

Type of Framing [] Conventional [] Log Home [] Alternate

Fire Code Requirements:

- [] Fire Alarm [] Fire Sprinkler/Standpipe [] Hood System/Spray Booth

Type of Work [] Addition [] Remodel [] Chg Out [] Demolition [] Foundation [] Add/Remodel
[] New [] Rehab [] Relocate [] Repairs [] Safety Insp. [] Shell [] Temp Event [] Upfit

Type of Const. I II III IV V Type of Protection A or B Occupant Load

Total Sq Ft Heated Sq Ft Unheated Sq Ft (basement, garage, porches, etc)

Garage Sq Ft Bonus Rm Sq Ft (finished/unfinished) Basement Sq Ft (finished/unfinished)

1st Floor SqFt 2nd Floor SqFt Attic SqFt Exterior Finish

Total # of Rms # of Units # of Stories # of Bedrooms # of Bathrooms

Fireplace Openings (masonry, prefab/gas, prefab/wood) Building Height

Type of Heat Type of Foundation Estimated Cost: \$

Sewer Type: [] Septic Tank [] City Sewer

I hereby certify that all information in this application is correct and all work will comply with the State Building Codes and all other applicable State and local laws and ordinances and regulations. I understand that a Certificate of Occupancy is required prior to occupying the premises and the Building Insp. Dept. will be notified of any changes in the approved plans and specifications for the project permitted herein.

Contractor Signature

Date

SUB-CONTRACTOR APPLICATION

Type of Permit: Electrical Plumbing Mechanical A/C Fire

Use of Structure: Single Family Multi-family Commercial Industrial
 Church Owned Government Owned Accessory

Electrical Contractor: _____ Telephone: _____
Address: _____ License #: _____
Panel # 1 _____ Amps Panel # 2 _____ Amps Panel # 3 _____ Amps Panel # 4 _____ Amps Total # _____
 New Panel Pole Service Wire Mechanical Unit
 Sub Panel Service Chg Interior Wiring
 Temp Svc Load Control Modular Home
 Sign Svc Mobile Home Camper Svc
 Spray Booth Other _____

List each panel installed separately

Plumbing Contractor: _____ Telephone: _____
Address: _____ License #: _____

Full or Partial Bathrooms (include future installations) Fire Sprinkler Sys. (New Addition)
 Mobile Home Gas Line/Pressure Test
 Modular Home Water Heater
 Other (List) _____

Mechanical Contractor: _____ Telephone: _____
Address: _____ License #: _____

(Check One) New Installation Change out existing system

Heat Pump Total # _____ Gas Line/Pressure Test
 Furnace(Oil,Gas,Elec) Total # _____ Gas Logs Total # _____
 Air Conditioner Total # _____ Unit Heater Total # _____
 Water Heater (Elec/Gas) Total # _____ Hood System
 Other (List) _____

Fire Contractor: _____ Telephone: _____
Address: _____ License #: _____

(Check applicable permit type)

Fire Extinguishing System Compressed Gases Spraying & Dipping
 Fire Alarm/Detection System Hazardous Materials Standpipe Systems
 Fire Pumps & Related Equip. Industrial Ovens Temp. Membrane Structures
 Flammable/Combustible Liquids PVT Fire Hydrants Other (List) _____