

HOUSING CODE Permit Application

ROCKY MOUNT
DEVELOPMENT SERVICES
THE CENTER OF IT ALL



Applicant's Name:		Email:	
Project Address:			
County Project Is Located In: <input type="checkbox"/> Nash <input type="checkbox"/> Edgecombe			
Property Owner:			
Building Contractor:		State License #:	
Contractor Address:		Telephone:	
Project Supervisor:			
Contractor's Estimate (minus sub-contractor cost): \$			
Description of work in detail:			
Name(s) of Sub contractors and cost:			
Electrical:	_____	\$	_____
Plumbing:	_____	\$	_____
Mechanical:	_____	\$	_____
Insulation:	_____	\$	_____

NOTICE: This permit is not for structural repairs. A separate Building Permit may be required. Contact the Building Inspector for determination of required permits.

I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspection Division will be notified of any changes in the approved plans and specifications for the project permitted herein. I further understand that this is not an authorization to begin work. **Work may only commence after approval and issuance of the permit.** Carbon Monoxide alarms in one- and two-family dwellings and townhouses are required to comply with R31.3.3 Office of the State Fire Marshall.

Applicant Printed Name: _____

Applicant Signature: _____ **Date:** _____

Permit fee \$40

(Do not write below this line. For office use only.)

Received by: _____	Received Date: _____	Application #: _____
Is this property in a Floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is this property in the Floodway? <input type="checkbox"/> YES <input type="checkbox"/> NO
Checked By: _____ Zoned: _____	Approved By: _____	Fee Paid on ___/___/___ Staff Initials _____

Revised 12/19